Cable : PREVENTION

Phone : 40539

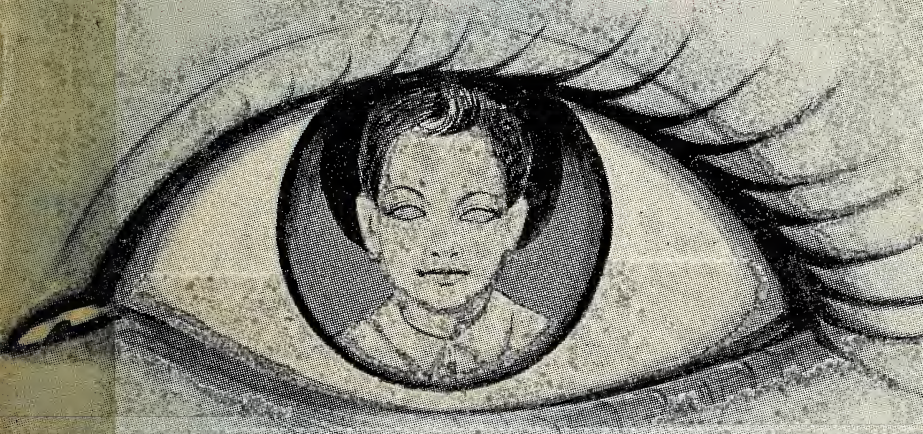
STAR OF MOTHER'S EYES

Oh !

THE CHILD IS BLIND

How ?

DUE TO NEGLECT



PREVENTION IS BETTER THAN CURE

FOR USEFUL HINTS TO PARENTS

See inside

Published by :-

THE SOCIETY FOR THE PREVENTION & CURE OF BLINDNESS

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KARACHI-5.

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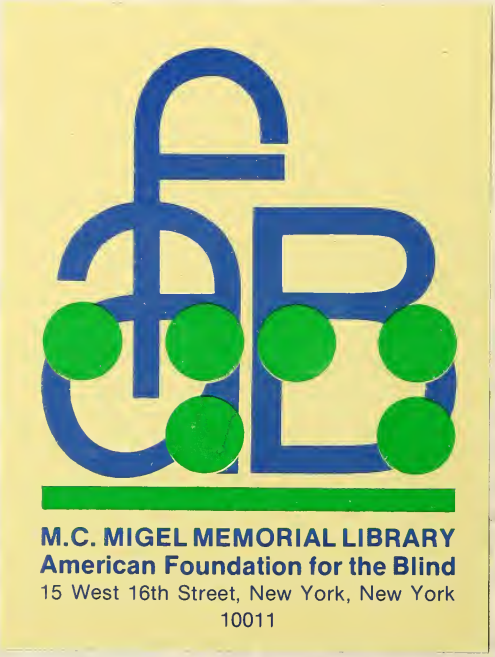

THE SOCIETY FOR THE PREVENTION AND CURE OF BLINDNESS, KARACHI-5

INTRODUCTION

Off all the innumerable gifts of God to His creatures, SIGHT is the most precious one. In fact, it is the pivot of the human struggle for survival. Man being a social unit of an universal character, has from time immemorial, sought to exist independently by exploiting his God-given physical faculties. The idea of living a life of a parasite was as abhorent to him then as it is today.

2. However, the march of Time, and a progressive advancement of Man's intellect, resulting in our modern civilisation, has made human life valuable to several factors contributing to disease and suffering. The price of 'Progress' is, indeed, a very high one considering the Statistics published by W.H.O., diseases have robbed the World of its productive capacity by about 30% of its global capacity. And what is lamentable is the fact that BLINDNESS, which to a very great extent is preventable today, leads the bulk of the unproductive strain on the Society. A deaf and dumb . . . a lame . . . and other such persons with physical disabilities, can and do, exist honourably and usefully, for, the EYES still hold sway over other limitations and continue to play a vital role, while the other limbs might lose their full or partial use. BUT, WHEN THE EYES ARE LOST, THE WHOLE GRANDEUR . . . NAY . . . THE ENTIRE WEALTH OF THE PURPOSE OF LIFE IS LOST, and use of the other sound parts of the body cannot be made fully . . . nay, their usefulness is virtually reduced to a very small extent.

3. Consequently, it was in response to the dictates of a keen Social conscience that THE SOCIETY FOR THE PREVENTION & CURE OF BLINDNESS, KARACHI, was conceived by some citizens of Pakistan. This conception gave birth to the official registration of the Society on the auspicious 23rd day of June, 1960. It was the day when one of its Founders found an outlet to his spiritual ecstasy on the miraculous stoppage of loss of the sight of his own son. A near-tragedy averted by the Grace of the Divine Omniscient!

4. The Society has the distinction of the availability of the honorary services of Dr. M. H. Rizvi, M.B.B.S., L.R.C.P., etc., and Dr. Jawaid Alam Khan, M.B.B.S., D.O.R.C.S. (LOND), the Surgeon incharge and Associate Surgeon respectively, of the Spencer's Eye Hospital, Karachi. Our Research wing under the name of the ASSOCIATION FOR THE PROMOTION OF OPHTHALMIC RESEARCH has the active services of eminent Eye Specialists like Dr. Mahmood Ali F.R.C.S. (Eng). D.O. (Oxon), M.R.C.P. (Lond) and Dr. T. H. Kirmani F.R.C.S. (Eng) D.O. (Lond), the Eye Surgeon and Associate Eye Surgeon respectively of the Jinnah Post Graduate Medical Centre, Karachi. The unselfish dedication and a keen consciousness of the nobility of their profession are an asset of which every one could well be proud of. The professional efficiency and personal amiability of these doctors have won for themselves and for the Society what bags of money would fail to achieve in terms of service to humanity. The thousands of patients whose sight is saved annually by the selfless services of these noble-hearted doctors and their consequent blessings, must indeed have earned for them rich dividends in the world hereafter. For, God, verily reckons everything besides blessing the noble deeds with material gains in this world also.

5. The activities of the Society in the Preventive field are further augmented by the honorary services of Dr. (Mrs.) Rizvi, D.B.O. (Lond) —one of the very few Orthoptists in the Indo-Pak subcontinent. She specializes in the treatment of squints and cross-eyed persons. Many languished mothers will remember and bless her for all their lives, because their daughters have regained their due places in their matrimonial affairs due to the cosmetic magic of her expert treatment.

6. The Society, besides being aided by the Social Welfare Department of the Government, is also generously supported by the K.M.C. in its campaigns. It has been sparing some of its medical staff including doctors, nurses, ward-boys, Ayahs and others for the duration of our annual camps in the rural areas. Our expansion plans have also secured the co-operation of the APWA Hospital at Nazimabad, Karachi.

7. Our Society is affiliated to the National Federation for the Welfare of the Blind, under the Chief Patronage of FIELD MARSHALL MOHAMMAD AYUB KHAN, H.Pk., THE PRESIDENT OF PAKISTAN. It is further co-ordinated by the active co-operation of the Royal Commonwealth Society for the Blind, London.

8. The Society has been rendering entirely FREE yeoman service not only to thousands of the Student-Community in Karachi, but also to the residents of those far-flung rural areas where medical and surgical facilities are practically non-existant. The appreciable consciousness of the various District Authorities to the importance of the work being done by our Society can be gauged by the fact that they have donated Rs. 85,000/- in 7 years towards the Camp expenses which the Society holds every year for one month in various places, the share of the Society being Rs. 1,33,380/-. The places covered were Thana Bullah Khan, Sind (Twice), Daddu, Thatta (Twice), Hindu Bagh (Quetta) and Nawabshah (Twice), Sanghar and Karachi. A total of 10,720 out-door patients were also treated in these areas, and 4,282 operations were performed . . . all successful! God be praised!

9. The Schools and Colleges, are, in effect, the arsenal of progressive nations. Our Society, therefore, lays more stress on the Student Community and the Society is devoting its concerted efforts in preventing the future pillars of our country from this scourge of blindness. In Six years it has attended to 29,359 youths and may have salvaged many of them from this impending disaster. However, since it will take over 6 years to attend to over 3,25,000 students in Karachi, it has now been decided to adopt a scheme whereby the Vision Testers employed by the Society will train the teachers in Vision-testing. This will facilitate yearly attention to the students in their respective Schools by their trained teachers, as four at the time of new admissions. The teachers will be provided with one Vision Testing Board by the Society for this purpose. After Vision-testing, the teachers will prevail upon their parents to take their children to any Eye Specialist of their choice or to any Eye Hospital or Hospital with an Eye-wing, along with the Referral Form which will be issued to them after the Vision Tests by the teachers, and return this form duly completed with the Hospital/ Eye Specialist's Post Examination Report to the School for record of periodical rechecks which will be carried out by the School.

10. The Society for the Prevention and Cure of Blindness, Karachi, with its record of appreciations at Home and Abroad for its voluntary services in the Preventive field for the last 6 years, is now embarking on an ambitious Scheme of training Social Workers, Teachers in Eye Testing and First Aid Work. This Scheme aims at mobilizing the intelligentia in the struggle against general apathy to the most im-

portant and essential physical pre-requisite for an honourable existence THE EYES . . . and yet the most ignored one, the seriousness of which is lamented over only when it shoots up its head in the form of an ugly reality . . . BLINDNESS, when it is too late to retrieve the grandeur of a meaningful existence on earth.

11. It must be appreciated that it would not be possible for one PREVENTIVE Society to cope with the size of work through its paid staff. With so many schools, and localities spread over long distances specially to reach Rural Areas, it would be well nigh impracticable without the willing co-operation of School teachers and Social Workers.

12. Instead of the Society's Vision Testers, testing the vision of each and every child in School, it is suggested that the Vision Testers should visit Schools in urban and rural areas and train a number of suitable Teachers at an arranged school or places in batches for a couple hours so that the School Authorities can arrange for periodical (annually) testing of vision of their children and also at the time of admission for which the Society is prepared to supply free of charge the Vision Testing Charts and Referal Forms. The School Medical Officers and Teachers will make sure that Referal Forms reach the parents of the School Children and the parents should be made responsible to take their children to any Eye Hospital or a Hospital having an Eye Wing or to any Eye Specialist of their choice and return the Referal Forms duly completed with Hospital/Eye Specialist's Post Examination Report to the School for periodical rechecks which will be carried out by the Schools.

13. This has been thought of because only in Karachi there are over 3,25,000 schools children and with a team of 5 Vision Testers it will take more than 6 years to complete one round whereas it is imperative that the vision of the school children should be tested annually and at the time of admission which are made by all school almost at the same time.

14. The training of **First Aid** for **Eye Diseases** together with Vision Testing will be given where there is neither a Hospital nor dispensary and in places where any of these exist Teachers will be trained in **Vision Testing** only.

15. The trained Social Workers in First Aid in Common Eye Diseases can attend to minor eye diseases in rural areas where there is no Hospital or Dispensary with the aid of the First Aid Box which will be supplied with common medicines free of charge by the Society to the suitable and trained Social Workers. In case of serious cases, they may refer to nearest Eye Hospital or Hospital having Eye Wing for treatment and/or operations by the Eye Surgeon.

16. Accordingly arrangements have been made to train such edu ated and Social-minded persons as are willing to contribute their share of human obligations to their own profession, own families and their own communities, in their Schools, and in their localities. The course of training lasting about one week (daily 2 hours in an Eye Hospital) will comprise of the following elementaries:

i) The Structure of the eye and functions of its component parts.

ii) Signs and Symtoms of common minor eye diseases, injuries and their First Aid treatment.

iii) Precautions to be taken when foreign bodies go in the eyes.

iv) The use and administration of different eye drops and ointments.

v) Use of different Charts for Eye Vision Tests.

17. At the successful completion of this 1-week course, the trainees will be given Identity Cards by the Eye-specialist of the Society. A certain number of suitable trainees will each receive a complete First Aid Box with necessary common but very useful medicines and requirements, along with a complete set of vision testing Charts and equipments and stationery together with complete instructions for **Vision Testing** and rendering of **First Aid for Eye Diseases.**

18. This Scheme is aimed to extend PREVENTION AND CURE Service at Schools, and localities where a preliminary Eye test must form an essential routine requirement at the time of admissions or recruitments and periodical check ups. Any contagious eye disease,

if detected early, will save the other children from being infected and other diseases can be treated and cured in time to PREVENT BLINDNESS.

19. Another social advantage of this scheme is that this service can reach the rural areas where the dearth of doctors and other medical facilities are responsible for serious development of minor eye ailments into total blindness. Selected Social Workers and Teachers from rural areas would be doing a very important national service if they take advantage of this Scheme and come forward in large numbers from rural areas.

20. This booklet, one of the various publications, is dedicated to PARENTS, TEACHERS, Social Workers and . . . to all those who value and aspire to a healthy and purposeful future for the citizens of Tomorrow.

21. May God continue to guide us in this service to mankind in His name. "Ameen".

The Society for the Prevention
and Cure of Blindness,
Karachi-5.

APPRECIATIONS

1. ". . . I acknowledge receipt with thanks of your letter No. E-77 dated 26th December, 1961, alongwith two of your pamphlets. I am very much impressed by the amount of work done by your Society for the Prevention and Cure of Blindness."

Sd/- IFTIKHAR HUSSAIN
Chairman,
Sight Conservation Committee,
Karachi: 4th Jan., 1962. Karachi Lions Club.

* * *

2. ". . . Princess Alexandra has asked me to write and thank you very much indeed for your letter of April 21st, in which you give Her Royal Highness details of the aims and activities of the Society for the Prevention and Cure of Blindness which was formed in Karachi in 1960.
As President of the Royal Commonwealth Society for the Blind, the Princess was indeed greatly interested to learn of your venture, to which she wishes every success."

Sd/- LADY IN WAITING,
Thatched House Lodge,
Surrey: June 23rd, 1965. Richmond Park, Surrey, England.

* * * *

3. " . . . Thank you very much for your letter of April 21st and for the publications which you so kindly sent and which I have read with great interest. I am of course interested in the welfare of the blind, particularly as we have had several blind students who are doing fine work in this field (among them Mr. S. C. Ahuja, whom you may know—he is Director of the National Federation for the Blind of India, in Bombay).

You certainly appear to be doing magnificient and well-needed work, and I wish you every success . . ."

Sd/- MRS. KATHARINE RUSSEL,
The London School of Economics and
Political Science, London.

London: 23.6.1965.

* * * *

4. "Your objectives and the method by which you seek to help blind and partially—blind seem to me admirable and well designed."

Sd/- FREDERICK RIDLEY, F.R.C.S.,
Moorfields Eye Hospital,
London, W.C.1.

London: 21st July, 1965.

* * * *

5. "As you will have gathered I was very impressed by the work your Society is doing. You are obviously very fortunate, particularly in the field of the prevention of blindness. The establishment of your Society represents a very great achievement and I would be very pleased indeed to have copies of your future Annual Reports. I need hardly add, that if every an opportunity presents itself of visiting Pakistan, I will make a point of getting in touch with you.

I am quite sure your Society is right to concentrate its primary effort on the prevention of blindness, for this is a field in which the most dramatic results can be achieved with limited funds.

With very best wishes for your future success."

Sd/- DUNCAN WATSON,
Secretary General,
National League of Blind, London.

London: 22nd July, 1965.

* * * *

6. ". . . I am deeply impressed by the work which is being done by the Society for the Prevention and Cure of Blindness in Pakistan. It would be easy to be daunted by the immensity of the task which confronts you, with such limited resources. I send you every good wishes for the continued success of your work.

There seems every likelihood that you will achieve the maximum benefit to the largest number of people at the lowest cost by continuing on the lines you have so far adopted."

Sd/- A. E. WILSON,
Director, Ministry of Labour,
London: 27.7.1965. London.

* * * *

7. ". . . I feel highly impressed by the useful activities of your esteemed organization . . . your programme is commendable . . ."

Sd/- QUTUBUDDIN AZIZ, Member,
West Pakistan Social Welfare, Council,
Karachi: 27.7.1965. Karachi.

* * * *

8. ". . . This is to record my appreciation of the Aims and Objectives which have prompted your Society to render free and voluntarily so important a service to the younger generation in the matter of their sight Preservation.

I have also to convey the pleasure and satisfaction expressed by the parents of those boys whose defective vision has been detected and effectively attended to. Particular mention has been made of the arrangements at the hospital where the bulk treatment was dispensed smoothly and efficiently. I must compliment those who organized this scheme with such a success.

I wish the Society all the success in this noble work pray to Allah that more and more dedicated workers and well wishers

step forward to strengthen the Society in its service towards the preservation of sight."

(1882 Students' vision was tested—1030 Boys and 852 Girls).

Sd/- A. QUADIR, Headmaster.
Karachi: 23.11.1965. Aisha Bawany Academy (Boys School).

* * * *

9. "I went through all the literature and am very happy about the tremendous progress and help you made so far to prevent and cure the blindness in our country.

I am attached with this hospital here which has got the largest Eye Department in this wing of Pakistan. The Eye unit here consists of a well equipped operation theatre and Out patient Department and Eye wards of 130 beds (male and female).

I will be glad to be associated with your Society and am ready to render any services as much as possible for me."

Sd/- FAZALUL HAQUE,
Consultant Eye & E.N.T. Surgeon,
Kumudini Hospital Mirzapur,
Mymensingh: 18th Jan. '66. Mymensingh, E. Pakistan.

* * * *

10. "This is one of the finest humanitarian projects I have witnessed. The goal is simple and yet of immeasurable importance. SIGHT FOR THE BLIND. Through the efforts of unselfish surgeons, staff and contributors. This goal is being realized by hundreds of afflicted patients each year. Patients who could have had no other opportunity for treatment. There could be no endeavour more worthy of support."

Sd/- DR. HAROLD R. WAKEFIELD, MD,
Regional Medical Director,
Nawabshah: 21st Feb, '66. Embassy of U.S.A., Pakistan

11. "We are very much grateful for your very kind co-operation for the Eye treatment of our Academy Boarders.

171 Boarders' eyes have been checked up and we are satisfied with the work.

Once again we thank you very much for the same and hope to get the valued co-operation in future when needed."

Sd/- SUPERINTENDENT,
Mohammadi Girls' Academy
Karachi: 28th March, '66. Karachi.

* * * *

12. "We are pleased to inform you that your staff have been attending our mills from 7th February 1966 to 11th April, 1966. During this period they have tested vision of about 2,330 workers of our mills.

We are very much obliged to the Society for rendering this precious service to the workers of our mills. We hope most of the industries will be benefitted by this scheme of the Society."

Sd/- ADMINISTRATIVE MANAGER,
Karachi: 11th April, 1966. Bawany Violin Textile Mills Limited.

* * * *

13. "I have to acknowledge with thanks receipt of the booklet published by your Society. This is an interesting 'Brochure' published on the subject of prevention of blindness and you need to be congratulated for this noble work. This, I am sure, will give necessary data for the furtherance to the cause of blinds."

Sd/- DR. S. RAHMAN,
Founder Patron,
Jalalabad Charity Blind Unit,
Sylhet: 14-4-1966. Sylhet, E. Pakistan.

* * * *

14. "This is to certify that 240 students of the school had their eyes tested through the kind services of your Society.

We appreciate the services you are rendering and wish you all success in your good work."

Sd/- PRINCIPAL,
Habib Girls' School,
Karachi: 18th April, 1966. 66/1, Garden Road, Karachi.

* * * *

15. "I acknowledge with thanks the receipt of your Pamphlet 'Oh! the Child is Blind' and have gone through it with interest. The valuable information contained therein is useful for guidance. I will try to get the pamphlets translated into Urdu etc. and try to propagate this contents as far as I can do."

Sd/- DR. SHAFIQUR RAHMAN,
Senior Vice President,
Blind Welfare Association,
Lahore: 18th April, 1966. Lahore.

* * * *

16. "I have great pleasure in thanking you for sending your team for the Eye Tests of our boys, during the month of March, 1966. 925 students got their eyes tested."

Sd/- PRINCIPAL
Habib Public School,
Karachi: 19th April, 1966. New Queen's Road, Karachi.

* * * *

17. "This is to certify that the vision tests of 625 students of this School were carried out successfully by the Society for the Prevention and Cure of Blindness, from 21-12-65 to 31-1-66.

Our Students were much benefitted and we appreciate the noble work done by the Society."

Sd/- ADMINISTRATIVE OFFICER,
Ghulam-e-Abbas School,
Karachi: 26th April, 1966. Karachi.

* * * *

18. "I must say that I think you and your Society are doing an extremely worthwhile job in West Pakistan. We all appreciate the importance of the prevention of blindness. I think that your papers very vividly underline its importance in Asia and particular West Pakistan. I also think that your plans for the First Aid Eye Service, Mobile Unit of Eye Service, School Clinic, Vision Screening, etc. all extremely practical and deserve full support of the public and the Government."

Sd/- D. R. BRIDGES,
Director,
American Foundation for Overseas Blind Inc.,
Manila, Philippines,
Manila: 27th April, 1966. Far East Regional Office.

* * * *

19. "The enclosures to your letter of May 19th certainly covered very fully all your current activities and I must congratulate you on a very ambitious programme. The several projects which you are contemplating look very good to me. I particular like the Eye Camps, Mobile Eye Service and First Aid for Eye Diseases."

Sd/- ROBERT WHITE,
Deputy Director,
Royal Commonwealth Society for the Blind,
London: 24th May, 1966. London.

* * * *

20. "We are highly grateful to the Society for the Prevention and Cure of Blindness for carrying out the vision test of one thousand students and members of staff of our Iranian Secondary Boys & Tiny Tots Girls Lower Sec. School. This test was well organized and diligently carried out by the staff of the Society. The organization of such a useful Society is a boon for Pakistan and the organizers deserve the blessings of the whole country and the nation."

Sd/- M. A. H. QAZILBASH,
Headmaster,
Iranian S. S. (Multipurpose),
Karachi: 27-5-1966. Karachi.

* * * *

21. "I am very pleased to receive your pamphlet regarding your very humanitarian support to the Society for the Prevention and Cure of Blindness in Karachi and I request you to kindly accept on behalf of my wife and myself my small cheque for Rs. 1,000/- (Rupees One Thiusand only) which I am afraid though is very small but can become some help to your Society.

I found it was my duty and of everyone of us living in comfort to help such humanitarian Society. With this, kindly accept on behalf of my wife and myself congratulations again for the selfless work you are doing for the Society."

Sd/- CAPT. A. MIHALOVITZ,
Consul General of the Republic
of Panama in Pakistan,
Karachi: 6-6-66. Karachi.

* * * *

22. "Eyes are more valuable than books. On testing the eyes of schools going children, the result have been alarming. The work done by your association is highly appreciable."

(417 students' vision was tested).

Sd/- PRINCIPAL,
Karachi: 6-6-66. J.M.A. English School, Karachi.

23. "I think you have set out your varied and far-reaching programme excellently. I can offer no suggestions for improvement and hope to use much of the information in Appendix 'A' in my next Monthly Report. It will really "tell the world" what Pakistan is trying to do to help blind.

I am very glad that you emphasised that the statistics were from a sample survey. I have of course had an advance copy of your notes under table A and D.

I have had earlier copies of these publications "STAR OF MOTHER'S EYES" and "the OBJECTIVES and APPEAL" and have commented. They are excellent. I do hope that people will read them.

A very impressive document (Report of 8th and 9th Eye Camps Hospitals established in Nawabshah and Sanghar) which I also hope to use in the preparation of my next Monthly Report. I have so much material from you for my next report that it could well be a Pakistan edition only, but naturally I cannot do this."

Sd/- ROBERT WHITE,
Deputy Director,
The Royal Commonwealth Society
for the Blind, London.

London: 14-6-1966.

* * * *

24. "Your letter of June 10 was redirected to me here and reached me only this morning. While appreciating the yeoman service you are rendering to the blind and praying that Allah may shower choicest blessings upon you for the humanitarian work you are doing. I regret that due to my health and pre-occupation I am unable to take a further load upon my shoulders. I do not believe in just giving my name and doing nothing. I trust you will therefore forgive me for my inability to be of service to the great cause for the time being.

As you know, my wife is a wholetime and active social worker and she more than makes up for my shortcomings in this particular field.

I thank you once again for remembering me and assure you that as soon as I am able, I shall volunteer my services."

Sd/- M. A. HASAN ISPHANI,
Former His Excellency the Ambassador of
Pakistan in U.S.A.,
Former His Excellency the High Commissioner
of Pakistan in U.K., and
Former Minister of Commerce & Indus., Pakistan.

* * * *

25. "I went through the Brochure (Oh! the Child is Blind) with interest and I am very much impressed about the tremendous progress of your esteemed organization, and Cure of Blindness, in Pakistan with a few years' time.

Sd/- S. H. RIZVI,
P.O. Box 49, Bahrain.

Bahrain: 16-6-66.

* * * *

26. "This is to certify that the Vision-testers of your Society visited this Mills from 15th May, 1966 to 20th June, 1966 in connection with the eye-inspection of the employees of this organization.

(Vision of 926 workers was tested).

Sd/- MILL MANAGER,
Habib Textile Mills Limited,
Karachi.

Karachi: 20-6-1966.

* * * *

27. "The sample Survey arranged by you to compile statistics on the causes of blindness in Pakistan was the need of the hour.

We in the Council wish you every success in your noble task to prevent and cure of blindness in Pakistan.

Thanking you for keeping us informed of your work and assuring you of our best co-operation and assistance.

Sd/- SULTAN MOHIUDDIN AHMED,
Administrative Officer,
Social Service Co-ordinating Council,
Karachi: 27th June, 1966. Karachi.

* * * *

28. "This Ministry appreciates the valuable contribution being made by your Society for the prevention of Blindness. I hope that your Society will make still more efforts for this humanitarian cause."

Sd/- DR. ZIAUR RAHMAN,
Assistant Director General of Health,
Islamabad: 30-6-1966. Government of Pakistan.

* * * *

29. "This is to inform you that almost all the employees of this Mill have got their eyes tested through your good offices.

(Vision of 1067 Workers was tested).

Sd/- LABOUR WELFARE OFFICER,
Karachi: 14-7-1966. Valika Textile Mills Ltd.

* * * *

30. "This is to inform that 1230 students and Teachers of our Madarsa have got their eyes tested.

We are thankful to your Society for this noble cause."

Sd/- HEADMASTER,
Karachi: 21-7-1966. Darul Uloom, Landhi, Karachi.

31. "This is to certify that the members of the above mentioned Society tested the eyes of the students of St. Francis' Urdu Primary School.

(Vision of 266 Children was tested)".

Thanking you.

Sd/- HEADMISTRESS,
St. Francis' Urdu School,
Haji Camp Road, Karachi.

Karachi: 22-7-1966.

* * * *

32. "I feel great pleasure in recording the services rendered by the Vision-testers in carrying out the recent vision tests of the Students of this School."

(Vision of 2,340 Students was tested).

Sd/- HEADMASTER,
Jamia Millia Pilot Secondary School,
Malir, Karachi.

Karachi: 23-7-1966.

* * * *

33. "Certified that the Vision-testers of your Society have tested Eyes of our Students.
Vision of 316 Students was tested."

Sd/- HEADMASTER,
Darul Uloom, Nanakwara, Karachi.

Karachi: 25-7-1966.

* * * *

34. "We take pleasure in informing you that your Society's Vision-testers have tested the eyes of our students and teachers with keen interest.

We pray to God for all the success to your Society and its ambitious schemes."

(Vision of 293 students was tested).

Sd/- HEADMASTER,
Madrasa-e-Arabia,
New Town, Karachi..

Karachi: 26-7-1966.

* * * *

35. "Certified that vision test of our Mills Workers was carried out by the Society for the Prevention and Cure of Blindness, from 26-6-66 to 4-7-66 for which we extend sincerest thanks and congratulate the Officers and staff of the Society for the service of humanity they have undertaken upon themselves.

We further record our sense of appreciation of voluntary services rendered by Vision-testers whose general behaviour, dedication to the cause of human service and technical aptitude during their attendance at our Mills, was highly commendable."

(Vision of 309 Labourers was tested).

Sd/- I. A. NAQVI,
Secretary,
The Paracha Textile Mills Ltd.,
Mauripur Road, Karachi.

Karachi: 8-8-1966.

* * * *

36. "Reference is made to your letter dated 21st July, 1966 which described the work of your Society. The enclosed Literature was quite informative and it would appear that your organization is performing a more needed service in Pakistan.

I wish your organization continued success in your good work.

Sd/- THOMAS J. O'FLAHERTY
Aid to the Ambassador,
Embassy of U.S.A., Rawalpindi.

Rawalpindi: 11-8-1966.

* * * *

37. "Certified that the Society for the Prevention and Cure of Blindness, has, through qualified Vision Testers examined the Vision of the students of Hali Muslim Secondary School (Secondary and Primary Sections both) most thoroughly, and gave prescriptions to the students. The students took them to the Spencer's Eye Hospital, Lea Market, and were given medicines for eye treatment, and number of eyesight. (754 students were tested)".

Sd/- S. H. NIZAMI, M.A., C.T. (Alig),
Headmaster, Hali Muslim Secondary School,
Karachi: 17th September, 1966. Lawrence Road.

* * * *

38. ". . . I appreciate very much having the copies of your publication, "Star of Mother's Eyes". This should be very useful to you in educating the public about the virtues of prevention and what parents can do to assist us in our efforts to help their children avoid the disability of blindness.

Sd/- JOHN W. FERREE, M.D.,
Executive Director,
National Society for the Prevention of
New York: 15th Nov. 1966. Blindness, Inc., New York.

* * * *

39. ". . . I am pleased to receive your report on the 10th Eye Camp held in the Adult Blind Centre, Karachi. The great importance and need for this kind of work is un-disputed and I take this opportunity to offer my congratulations to your Society and its workers, for the fine work being done by them and their high sense of responsibility and service to the Nation.

I have received 50 copies each of your Pamphlets titled "Stars of Mother's Eyes" and "Social Workers' and Teachers' Guide to Prevention and Cure of Blindness". I shall distribute them during my lectures on Blind Welfare to groups of men and women belong to different walks of life, and educational institutions.

This will indeed help in the publicity of this important information.

Sd/- DR. FATIMA SHAH,(Blind)
President,
Karachi: 4th January, 1967. Pakistan Association of the Blind.

* * * *

40. "I have read your literature with interest and find it most practical. You are to be congratulated on the wonderful work you are doing to prevent blindness. I share your enthusiasm.

With all good wishes for your continued success."

(Sd/- (MRS.) EUGENIA KISSLING
Consultant on Eye Health
New York State Department of Social
Welfare Commission
for the
New York, April 10, 1967. Blind And Visually Handicapped.

* * * *

41. "It is gratifying to know that you have already made much headway in your endeavours towards reaching the objectives you have set forth."

Sd/- DR. A. VISWALINGAM, OBE, ZO (Vienna),
President, National Association for
Colombo: 14-3-1967. the Prevention.

* * * *

USEFUL HINTS TO PARENTS

KEEP HEALTHY

Rest, fresh air, relaxation and nourishing foods promote better health and, consequently, better sight.

EAT NOURISHING FOODS

Sties, inflammation of the eyelids, and corneal ulcers may be caused, in part, by faulty nutrition. Well-balanced meals help to maintain healthy eyes.

ESTABLISH GOOD READING HABITS

Provide adequate light, free from glare; maintain good posture; hold books and newspapers at a comfortable distance from the eyes (12" to 14"). Avoid small print and long reading periods of close work. Reading in bed is not harmful when done under favourable conditions, but is not advisable for growing children who are nearsighted.

AVOID INFECTIONS

Don't rub the eyes nor touch them with dirty hands and soiled handkerchiefs. Poor hygienic standards frequently are the cause of infections. Eye infections could lead to loss of vision. Do not neglect inflammation of the eyes. Avoid self-treatment. See an eye doctor.

PERIODIC EXAMINATIONS

Middle age brings with it certain eye problems which often go unrecognized and become serious. Periodic eye examinations are essential in order to detect diseases in the early stages, when prompt treatment may prevent loss of sight.

Glasses alone cannot correct all difficulties. If you are having trouble with your eyes, it is advisable to have a thorough eye examination.

1. To educate parents, especially mothers for the care of the eyes of their children with a view to PREVENT BLINDNESS, the Society has included in this note "USEFUL HINTS TO PARENTS", which will be helpful in assessing the impacts of this scourge of blindness on the younger generation.

2. For this purpose, the extracts of a "Medical Research Authority" and from other sources quoted below would be useful, inasmuch as the would-be parents can also be apprised of the inherent dangers of their hereditary traits:—

(i) **HEREDITARY BLINDNESS:** May result from inherited predispositions. Consultation with a specialist is advisable before marriage so that intending parents can be warned about dangers that may exist for their children's slight.

(ii) **CARE OF THE EYE BEFORE BIRTH:** Young women should try to catch German measles (Khasra-Ori) before getting married. Although this is a very mild disease, and one that often passes practically unnoticed, it becomes a very serious matter when contracted during the first two months of pregnancy, for, in upto 50 percent of such cases, the baby will suffer from a cataract and perhaps also from other troubles such as deafness or abnormality of the heart. Mothers-to-be should keep away from people who have German Measles. If you catch German Measles consult a Doctor at once. The only sure method of prevention is for every young girl deliberately to get herself infected with German Measles before marriage.

(iii) **FIRST SIX MONTHS: Premature Babies:** There used to be a serious danger that premature babies would become blind (retrolental fibroplasia) through being given too much oxygen in incubators, but this danger has now been overcome and few premature babies are ever affected these days, although it produced thousands of cases of blindness in the Past.

(iv) **NEW BORN BABIES:** Here again, a large number of babies became blind in the past from an infection called Opthalmia neonatorum. This can now be easily prevented and all new-born babies have drops put into their eyes to prevent this infection.

(v) **SQUINT:** The greatest field of sight conservation is the detection of eye defect among the young children. During the period the child is in the School his/her eyes are changing most rapidly and the earlier defects are found the easier they are to correct. Defects commonly found are near and farsightedness astigmatism, and different varieties of Squints. The treatment of Squint Eyes, for example. should be started as soon as possible even before one year otherwise, the child may not develope normal vision. Such vision is rarely regained if treatment is started after 6 years of age. Do not neglect squinted eyes. A child may develop a squint either pointing in or pointing out, at as early an age as six months, sometimes babies are born with one. It is due to incorrect development of the eye muscles, and should be treated at once. A child must not be allowed to go on squinting on the assumption that the condition can be corrected later on. It is not simply a matter of improving the child's appearance. but one of avoiding real dangers to his sight. An eye that squints is an eye that tends to become lazy, passive and inefficient through not being properly used. The eye can be made to work by the use of special glasses which should be prescribed as soon as the squint appears. They can be started even at the age of nine months. The operation to correct the muscular disequilibrium to remove the squint can be done around four years of age or even earlier. To delay longer is unwise; it is much more difficult for eyes that have lost the habit of working together as a pair to get co-ordinated and function normally again. Cross eyes are usually caused by the two eyes failing to work together as a unit. The cure is certain if the treatment is started early, say by use of proper spectacles, special exercises for the eye muscles,

or the surgical correction of the eye muscles. It is necessary to mention that a person with a squint is also a social problem and in our eastern countries. **So many mothers weep bitter tears because their squinting daughters have been passed over in preference to their normal sisters and eventually these poor girls may even be left on the shelf.** Doctors and Phychiatrists have all found that a Squint is often the basic cause of many complexes and especially, an inferiority complex, so it is very necessary that a person with a Squint be able to have it treated and corrected and **so give him/her a fair chance to live like others and not to have to carry a chip on his/her shoulder for the rest of her/his life.** The vision which deteriorates due to disuse when a squint develops may never be regained if not treated at an early age.

(vi) **GLAUCOMA (The sneak thief of sight):** There is a danger, particularly in a month old baby, of a condition arising in the eye which may lead to **GLAUCOMA.** With this disease there is an abnormal pressure inside the eye, making it appear bigger than usual and therein lies the danger. Consult an eye doctor at once. This is perhaps the most dangerous of all eye diseases. It is due to the fluids in the eye being not able to circualate properly. This results in a build-up of pressure within the eye which affects the optic nerve and eventually produces blindness. The cause is unknown and the onset of the disease may be very gradual, so that often someone suffering from it does not see a doctor until it is too late for him to be able to help. Beware if you see many colours around light, you are developing GLAUCOMA. In such a case Eye Doctor should be consulted.

Glaucoma is a disease of the eye.

* Loss of sight may occur if Glaucoma is not controlled.

* Acute type is very painful with temporary loss of sight, whereas Glaucoma damages sight quietly without causing any pain. The daily symptom may

be occasional blurring or frequent changes in reading glasses. So, always get the eyes tested by a qualified Eye Specialist who can detect the early signs of Glaucoma.

* Usually both eyes are affected.

* Cause of Glaucoma is unknown, although the course of the disease is well understood.

* Ophthalmological management is imperative.

* Many cases can be arrested.

* Adequate treatment and care are essential.

SIGNS

In acute Glaucoma there is severe pain, headache, and nausea. In the chronic form, symptoms of pain, headache, nausea are sometimes absent with **loss of sight occurring so gradually that one is not aware of it.**

* Any eye discomfort of feeling or of seeing warrants careful checking.

* Seek medical care when frequent changes of glasses are made with unsatisfactory results.

CONTROL

Early diagnosis, adequate treatment, and medical supervision are the basis for control of Glaucoma. A periodic eye examination is a means of early detection. Include an eye examination as part of a periodic physical examination.

OCCURRENCE

Glaucoma is usually seen in middle age and older per-

sons. Generally both eyes are affected. However, the second eye may be involved much later.

TREATMENT

An opthalmologist — a medical doctor specializing in diseases of the eye—is best equipped to diagnose and treat Glaucoma.

Planned medical routine designed for one's needs usually helps to retain vision.

Treatment of Glaucoma is usually prolonged and persons become discouraged easily. Patience and co-operation are important phases of medical treatment.

(vii) **SOLAR ECLIPSE:** Blindness is caused by seeing eclipse with naked eyes. One should not watch the eclipse with naked eyes; or with the use of telescope, binoculars, sunglasses etc. Looking at the sun directly even for a short time can damage the eye sight of a person completely.

(viii) **GLARE:** Infants and children should never be exposed, even in sleep, to glare of strong sunlight, and this is particularly imperative when the child is taken out in a permabulator or other conveyance. It is very good for the child to be taken out, but the eye should then be protected by an awning or parasol lines with material that will not reflect the sun's rays upon the face.

(ix) **FIRE WORKS:** Injuries during festivals like Shab-e-Barat and Diwali causes accidents which can lead to irreparable loss of sight.

(x) **DANGEROUS GAMES:** Pointed objects, such as knives and scissors, should be kept out of the reach of children. Sports gun, bows and arrows should not be allowed to them until they are old enough to use them safely.

(xi) **CATARACT:** In some cases when a pregnant mother has

suffered from fever or any other such trouble it may happen that the child is born with CATARACT. **CATARACT can be cured by SURGERY.**

(xii) **TRACHOMA:** Among the millions of TRACHOMA sufferers, children are the first victims. **The majority of cases of Trachoma can be cured by CHEMOTHERAPY and ANTIBIOTIC THERAPY.**

(xiii) **CONJUNCTIVITIS:** Sore eyes are very common, especially in childhood, but should, like injuries to the eyeball, be taken seriously, since they may well lead to blindness. Conjunctivitis is an inflammation of the mucous membrane lining of the eyelid and of the covering of the white part of the eyeball. This delicate sensitive membrane is easily irritated by continuous exposure to dust, smoke. wind, and excessive light. Turned-in lashes, infections, abuse of eyes, and poor health habits, such as improper diet and insufficient sleep, may also affect the conjunctiva.

SIGNS

Symptoms range from dry, hot, gritty, smarting sensations to itching, burning or a discharge from the eyes. There is apt to be pain, the feeling of a foreign body underneath the lids, some sensitivity to light, and tearing. Vision may blur, eyes tire easily, and the lids feel hot and heavy.

There are many varieties of conjunctivits.

CONJUNCTIVITIS MAY BE INFECTIOUS

See your doctor at once. Laboratory tests may be necessary to determine the underlying cause of the infection before treatment is prescribed. Avoid the use of other people's towels and handkerchiefs. Keep fingers away from your eyes; infection may spread from one eye to the other. The discharge may be contagious; hence communicable.

IT MAY BE CAUSED BY ALLERGY

Consult your doctor. Conjunctivitis may be associated with hay fever, rose cold, or a sensitivity to pollen, dust, smoke, cosmetics, dyes, drugs or gas in the atmosphere. The sensitizing agent causing the discomfort will be determined by the doctor before treatment is prescribed.

IT MAY BE DUE TO EXPOSURE

Wear coloured glasses on bright sunny days when sailing, skiing, or sun bathing. Dazzling reflection from the water or snow may cause a burn of the delicate eye tissues, at any age.

Protect eyes from the ultraviolet rays of the sun lamp, or from electric arc burns, by using tinted glasses or eye shields.

No ordinary sunglass, coloured or smoked, will protect your eyes if you look directly into the sun; particularly during an eclipse.

REMINDER . . .

Do not delay in seeing your eye doctor. Avoid self-treatment. Avoid home remedies.

(xiv) **SMALL POX:** is a large cause of blindness in children. It causes large ulcers on the Cornea which usually perforate the contents of the eyes, (are extended) leading to Pthisis Bulbi resulting in total loss of sight.

(xv) **VITAMIN A:** Experiments indicate that the children injected with a single massive dose of vitamin 'A' at the time of weaning have a considerably improved chance of avoiding serious eye trouble during the few vital months immediately after injection, even when their general diet cannot be improved.

(xvi) **VISION TESTING:** By the time a child is 3 or 4 years old, his vision should have been tested. Later, regular eye examinations are MUST for all children.

(xvii) **LIGHT IS SIGHT**

Light is essential to sight. Without light the most perfect eyes are unable to see.

Proper **illumination** makes seeing easy and comfortable. It increases visual efficiency. Always be sure to have adequate light for the task at hand.

Adequate light means light that is sufficiently illuminating, yet **well-diffused** and free from glare.

Glare makes seeing difficult. Concerntrated light sources, unshielded bulbs, and shiny surfaces should be guarded against. All of these produce glare.

Eye fatigue results from both too strong and too weak light.

For adequate **over-all** lighting make sure that you have enough lighting units, that they are properly spaced, and that their illumination is sufficient in amount and well-diffused.

Light-coloured walls, ceilings, and floors **improve** seeing conditions. Dark surfaces should be avoided because they absorb light.

For good lighting make sure that **globes** are kept clean.

ACCIDENTS ARE OFTEN CAUSED BY POOR LIGHTING CONDITIONS. THAT IS WHY PROPER LIGHTING IS SO IMPORTANT TO SAFETY.

(xviii) **STATISTICS OF CAUSE OF BLINDNESS:** In 1964 the Spencer's Eye Hospital in Karachi analysed the causes

of blindness amongst the distressingly large number of children seen each month in its clinics and concluded that in more than half of the cases, blindness was associated with malnutrition. Vitamin and Protein deficiency is stated to be one of the main causes of Blindness. WHO experts in the survey made during the past two years (1962 and 1963) in Asia, Africa and Latin America, have shown the intimate connection between child blindness and inadequate diet and have stated that this is a problem which should be tackled on a world scale.

DUTIES OF TEACHERS & MOTHERS

3. **TEACHER'S DUTY:** The teacher should report to the parents of the child or the School Doctor if the child exhibits any of the following signs:—

(i) Holds books or small objects close to the eyes.

(ii) Is unduly sensitive to light.

(iii) Is unable to participate in games requiring distant vision.

(iv) Is irritable and has difficulty while reading.

(v) Rubs eyes frequently, blinks or frowns often.

(vi) Expressively tilts or thrusts head forward when looking at near objects or screws eye-lids while looking at distance.

(vii) Complains of inability to see or sees blurred or double.

(viii) Has burning sensation in the eyes, headache, nausea and dizziness after doing close work.

4. **TEACHER'S DON'T:**

(i) Growing children should not be made to do too much of close work upto the age of 8 and should be induced to take interest in open air pursuits.

(ii) School teachers should refuse admission to any child who has discharging eyes, because that child is a danger to all others.

5. **PREVENTIVE MEASURES:** Eyes are precious than Books. Success depends on Eye Sight:

Mothers should—

(i) never allow the child to read in the dim light.

(ii) never allow the child to bend his neck close to the book on the table while reading.

(iii) see that when the child reads the book, the distance between the book and the eyes of the child should be at least 14 inches.

(iv) see that when the child reads, the light should fall from above the head or from the left-hand side.

(v) advise the child to close his eyes for a few seconds at intervals while reading for giving rest and restoring freshness.

(vi) see that when the child reads, the light should fall on the book and never on the eyes.

(vii) never allow the child to read in dazzling light or with sun-shine on the book, as even the glaze of the paper affects the eyes.

(viii) infants and children should never be exposed even in sleep to glare or strong sunlight. When the child is taken out in arms or in other conveyance, his eyes should be protected by an awning parasol line.

(ix) never allow the child to see Solar eclipse with naked eye or with the use of telescope, binocular, sun-glasses, etc. It can damage the eye sight completely.

(x) see that the vision of the child is tested, and later regular eye examinations are MUST for all children.

(xi) never allow the child to read in the running train or vehicle, as the shaking affects the eye-sight.

(xii) never allow the child to read in the swinging cradle.

(xiii) advise the child to look at the green grass, vegetation and green trees at remote places while the child is taken out for stroll.

(xiv) see that the child washes his eyes with cold water every morning and evening.

(xv) impress on the child about the personal cleanliness, which is very necessary for prevention of eye diseases.

(xvi) see that child does not use somebody else's towels and handkerchiefs.

(xvii) see that child does not rub his eyes with dirty hands.

(xviii) beware of flies they carry germs. Flies breed usually in house-rubbish. The house and dust-bins should be kept clean.

(xix) not allow the child to rub his eyes when dust or small fly goes into the eye. Eye will naturally water and remove it gently or clean with water. If it is not removed inspite of these efforts, consult the Doctor.

(xx) never put any medicine in eyes of the child unless it is prescribed by some qualified Doctor.

(xxi) not allow any one to perform operation of the eyes unless he is a qualified surgeon.

(xxii) not buy glasses without having the eyes of the child examined by a qualified Doctor. Wrong glasses will do harm to the child instead of any good. Complaints of frequent headaches by child means he needs glasses.

(xxiii) know that there is hereditary blindness. Therefore, it is imperative to consult Specialist before marriage is arranged.

(xxiv) impress on girls that German measles (Khasra-Ori) if contacted during first two months of pregnancy, the baby will suffer from cataract in 50% of such cases. It is advisable for young girls to deliberately get themself infected with German measles before marriage.

(xxv) never neglect if the child is squinting, thinking that by the passage of time eye will be alright. It is not so. Doctor should be consulted

(xxvi) be watchful that on account of a condition arising of an eye of even a month old baby it may lead to **GLAUCOMA.** If child sees many colours around light, he may be developing Glaucoma. Consult Doctor at once.

(xxvii) not think that only old people may get CATARACT. Even a child can be born with cataract.

(xxviii) beware when the child gets sore-eyes. It may lead to blindness CONJUNCTIVITS. Consult Doctor at once.

(xxix) at once consult Doctors in case the child gets SMALL POX, because it may make the child blind.

(xxx) understand that the child is developing MYOPIA—Shortsightedness, if he closely stares at another object than he wishes to grasp.

(xxxi) see that the child is not endangered by FIRE-WORKS.

(xxxii) see that the child does not play with pointed DANGEROUS OBJECTS, such as, knives, scissors, bows and arrows.

(xxxiii) see that the child gets proper diet and vitamin 'A', orally or injection because its deficiency causes eye trouble.

(xxxiv) see that the child is brought-up in good hygienic conditions.

EYE SAFETY PLEDGE FOR BOYS AND GIRLS

I WILL

keep away from firecrackers and BB guns, and thereby keep my sight.

I WILL

watch out for sharp twigs, ragged stones and tripping hazards while in the country.

I WILL

keep a safe distance from fires, and never throw cans or bottles into them.

I WILL

avoid exposing my eyes to direct rays of the sun.

I WILL

be careful in swinging poles and sticks—especially those with projecting nails.

I WILL

swim only at guarded beaches, and in approved waters. I will dive only in safe places.

I WILL

never throw sand or dirt into anyone's eyes.

I WILL

refrain from rubbing my eyes with dirty or sandy hands.

I WILL

request my parents to take me to a doctor if ever a particle which cannot be washed out immediately becomes imbedded in my eye.

I WILL

handle fishing rods and hooks with extra care.

I WILL

never take foolish chances. Eyesight is priceless. I will not endanger it, because Eyes are the choicest gift of nature.

GET YOUR CHILD'S EYES TESTED

(From "Daily News" dated 25-10-65)

1. It was in 1755 that mathematician "Kastner" suggested the possibility of a condition of the human eye in which the parallel rays of light that enter it come to a focus some distance behind the retina (while normally they focus on the retina). In 1858, an eye surgeon of Holland named this condition as hypermetropia.

2. In a majority of causes, hypermetropia is due to shortening of the anteroposterior length of the eyeball (normal length being 24 millimetres). This shortening rarely exceeds 2 millimetres and each millimetre represents 3.0 diopters. Thus hypermetropia over 6 diopters is uncommon. In some rare cases, however, it is noticed upto plus 24D.

3. At birth practically all the eyes are hypermetropic to the extent of plus 2.5 to 3.0 diopters and may increase slightly in the first year of life when it gradually keeps decreasing until after adolescence is passed. In old age hypermetropia gets in again. We may safely say that at the age of 5 nearly 90 percent children are hypermetropic and at 16 nearly 50 percent.

4. As we know, hypermetropia is corrected by wearing glasses. Are we then going to give glasses to all these children at the tender age of 5? The answer is "no". Every human eye is naturally gifted with a faculty called accommodation which it brought about by changes in the curvature of the elastic lens under the action of the internal muscles of the eye, called ciliary muscles. Accommodation automatically enables the eye to very focus to form a clear image and see distinctly without glasses. This compensates for hypermetropia.

5. For reading and writing extra accommodation is required which is likely to add stress on the ciliary muscles, that is why it is recommended that growing children should not be made to do too much of close work up to the age of 8 and should be induced to indulge in open-air pursuits.

6. But if the child has hypermetropia of a higher degree, which cannot be compensated by his natural faculty of accommodation and results in a markedly blurred vision or muscular imbalance (squint), the remedy is properly tested glasses at the earliest. This will avoid maldevelopment of the vital seeing spot of the eye called yellow spot. The testing of children's eyes in early childhood is therefore of paramount importance. Testing is done after putting atropine eye ointment in the eyes for a couple of days before the test. Some children show an untoward reaction with the drug in the form of rashes on the face or high fever. The drug, in such cases, has to be stopped immediately and matter reported to the doctor.

"A HIDDEN THREAT TO CHILDREN'S EYES"

(From Reader's Digest of September 1965)

Condensed from TODAY'S HEALTH, published by American Medical Association.

PATRICIA & RONALDM. DEUTSCHE.

1. A shocking number of children face partial blindness if their defective vision is not caught early and corrected. Today, volunteers housewives in scores of communities are showing how this threat can be overcome.

2. Towards the end of World War II, U.S. Army Air Corps doctors, studying the vision of some 5000 airmen, made a startling discovery. More than 200 of these men, they found were virtually blind in one eye.

3. The victims had not been wounded, nor they had any infectious disease. Instead, the sight of one eye had simply never developed. Nothing could be done to help them.

4. The doctors shook their heads. If this disorder was as prevalent in the general population, some seven million Americans must be similarly handicapped. This idea seemed incredible. But it was true.

5. Other studies here and in England, of both military personnel and civilian, confirmed the earlier findings. Today, experts know that the condition which afflicted the airmen threatens the sight of as many as one in 20 American youngsters. Called 'AMBLYOPIA' (am-bli-o-pia), 'azy Eye, it is the leading cause of partial blindness in our children.

6. "In recent years we have learned that AMBLYOPIA is almost 100 percent preventable", says Dr. John W. Ferree, Executive Director of the National Society for the Prevention of Blindness. "But tragically, because so few parents are aware of the dangers, we are still finding only a small fraction of these children in time to save sight."

7. Each year at least 100,000 American children are passing the point at which they can be rescued, for AMBAYOPIA is deceptive. The amblyopic child's eyes may look straight and bright and clear. They appear normal on routine medical examination. The child can play, look at television, even begin to learn to read in a seemingly usual way. But by the time he gets his first real eye examination, the damage may be irreparable.

8. The story of AMBLYOPIA is the story of the development of vision itself. The newborn sees with only one eye at a time; his brain cannot yet handle simultaneously the images which come to it from both. Eventually, he overlaps these images in his brain, and sees more clearly. Called fusion, the overlapping usually comes about by the age of six months. But the child is two years old before the technique is fixed.

9. With AMBLYOPIA it never happens. The image from one-eye is blurred by some disorder, perhaps farsightedness, astigmatism, or an eye muscle which is too long or too short. So when the child tries to fuse this image with that of his good eye, he does not see as well. Uncomfortable, he suppresses the blurry image of his week eye, and in so doing he stops it from developing.

10. To restore proper development, the vision of the weak eye must be corrected with glasses, exercise surgery. Meanwhile, temporarily, the doctor covers the strong eye, or blurs it with a lense. In this way the child is forced to use his corrected weak eye, and it develops.

11. But time is a factor. Vision development ends by the age of six or seven. After that the amblyopic eye can no longer learn. And since it may take a year or two to correct the weak eye and then teach fusion, experts say the child with AMBLYOPIA should be found by the time he is three or four.

12. If the problem is not found, the child is in trouble. He will never have normal depth perception, for this required two eyes. He may have difficulty in school. He will certainly be limited in the kinds of jobs he can do as an adult. He will be a much less safe driver and more exposed to all sorts of accidents. And should his good eye be damaged

by disease, or by one of the 300,000 eye accidents in this country each year, he may be left virtually blind.

13. What can be done? In 1947 the National Society for the Prevention of Blindness asked this question from the nation's leading eye specialists. They concluded the only answer was an eye exam for some 12 million American children aged six or younger. The cost in time and money looked prohibitive. Was there the doctors wondered, some method by which lay people could screen the children?

14. The programme developed slowly. It was 1951 before the first full-scale screening by volunteers a group of junior League housewives in Birmingham, much was attempted. It was so successful that similar trials were conducted in Georgia, Texas, and California. By 1960, methods of recruiting, teaching and screening had been refined enough to allow a true nation-wide search to begin.

15. How the search spreads is illustrated by the programme in Utah. In 1957 Mrs. Margaret Regan of Salt Lake City heard of screen- by her fellow Delta Gamma alumnae elsewhere. She wrote to the National Society for the Prevention of Blindness to offer her help.

16. The Society asked her to recruit other women, and to get the blessing of local eye specialists. She did. Soon after, a Society field consultant arrived in Salt Lake City. In two mornings she taught screening methods to a small group of housewives.

17. The number of screeners there has now grown to 55. They have been trained to teach others, and the programme has spread throughout Utah. Last year, on a shoestring budget raised from fashion shows and Christmas-card sales, the trained volunteers tested some 14,000 Utah pre-schoolers, sending hundreds of badly needed examinations.

18. "One screening is all it take to make you a dedicated volunteer," says Mrs. Beverly Evans, who now heads the Utah project. "When you think that in several hours of spare time you are likely to save at least one child from partial blindness, the idea becomes irresistable."

19. A typical screening begins on a weekday morning in a bar-rowed schoolroom. In Salt Lake City, Mrs. Evans and her co-workers have hung an inexpensive eye chart on one wall and made sure it was properly lighted. This chart is made up entirely of the letter E, its legs pointing up, down, left and right, in lines of smaller and smaller letters. The children are taught the "E game". They are told to imagine there is a table with three legs. The game is to point in the direction in which the legs point, while a volunteer covers all but one letter after another. Left and right eyes are alternately covered with a "pirate patch" so the eyes can be tested individually.

20. What the volunteers look for is an imbalance between the two eyes. One eye much weaker than the other is reason for referral to a doctor.

21. The type of screening used is decided by local eye doctors. In some areas, a light test is used. A light is held at a fixed distance from child's face. It can be seen reflected in the pupils. If fusion has failed to develop, the light will appear in different place in each eyes.

22. Another common technique is the cover test. The child is told to look at a bright object held about 18 inches in front of him. If the child does not have fusion, the good eye will remain steady when the weak one is covered. But the weak eye will tend to wander, trying to focus, when the strong one is covered.

23. "Cross-eyes" or "walleys" are always reason for referral, for these conditions cannot be fulgrown. And since they made fusion impossible, they can lead to amblyopia, even though the difference in the position of the eyes may be almost imperceptible. Other symptoms of eye trouble include such habits as thrusting the head forward or titling it to look at something; excessive blinking, eye rubbing or continuing eye redness; closing one eye to look at something, squinting, frowning or scowling.

24. But finding the children with eye defects is only half the battle. "The sad thing," says Beverly Evans, "Is that often we find signs of amblyopia but cannot get the parents to take their child to help. In Salt Lake County we screened some 3,000 preschoolers last year. But a full third of the children we referred to doctors were never taken."

25. And even the best programmes are still reaching only a small percentage of pre-school children. In Utah, scarcely ten percent of the children were checked last year. In Connecticut, where there is probably the most complete programme of any of the states, 48 towns have screenings. But this is only a fourth of the towns, and only a minority of children are screened.

26. "Clearly", says Dr. Ferree, "the desperate need is for parents to know the danger,"

27. Across the country, volunteers are trying to meet that need. In Manchester, Mass., wives of Lions Club members spread the word from neighbour. In Houston, Texas, volunteers are holding screenings in shopping centres to attract attention. In Georgia, the Junior Chamber of Commerce has begun a drive to alert the entire state.

28. Screening procedures worked out by the National Society for the Prevention of Blindness detect AMBLYOPIA even when amateur volunteers do the screening. The problem now, according to officials of the Society, is to secure enough volunteers. To get them, the Society has developed a package programme which can be put into action by any interested group.*

29. "It looks as if we are at last on the road to the conquest of amblyopia" says Dr. Feree, "Willing hands can now save the sight of countless children."

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* For further information about amplyopia-screening programmes write to the National Society for the Prevention of Blindness, 16-E. 40 Street, New York, N.Y. 10016, as its state or local affiliates.

AN ALARMING EXPERIENCE

1. The Society had undertaken VISION-TESTS of children in schools with the idea that about 10 to 15% of the children would be required to be sent to the hospital for refraction, medical treatment and squint correction, so that 85% of the normal children may not be sent to the hospital and put to trouble and unnecessary expense.

2. But on deputing the Vision Testers to the schools, the Society has gained an alarming experience. The General average for 28,410 children was abnormal 68.04% and Normal 31.96%. Accordingly, upto 88.04% of children in Schools were referred to the hospital for Refraction/Medical treatment instead of the expected 15%, but only 20% went for treatment.

3. While in an advanced city like Karachi, the condition of school children is so alarming, as stated above, one shudders to think as to what must be the condition of children in the schools and farmers in rural areas.

4. This factual experience provokes the members of the Society to think very seriously to find out the causes of this, though we can attribute the conspicuous causes as under:—

(i) Low vitality and mal-nutrition.

(ii) Unhygienic living conditions in general.

(iii) Inadequate lighting arrangements in many of the schools.

(iv) Lack of adequate arrangements for examination of the eyes of children for prevention and cure.

(v) Absence of arrangements in most of the schools for teachers to give precautionary or preventive instructions to the children.

(vi) Neglect of parents in most cases.

5. The school Authorities are also advised to get some of their teachers trained so that at the time of new admissions the vision may be tested. Periodical vision testing can also be done by the Authorities at their own convenience when they have their staff trained for it, which the Society is prepared to do free.

6. The Social Workers in the rural areas after vision testing will have to send the abnormal cases to the nearest hospital for medical attention.

7. Those Social Workers who desire to get the training may write with details of their social background and other particulars to the Society giving full address for Registrations for their training.

8. The Society, with the help of God will endeavour to its utmost to give all sort of assistance in this noble cause of FIGHT for SIGHT by PREVENTION and CURE.

IS IT SO?

1. Nobody knows how many blind people there are in the world, but the number certainly exceeds ten million, (one crore) and in the opinion of many authorities, is likely to exceed fifteen million. The largest numbers are in Asia, with at least two million blind in India and probably more than three million in China. Rough estimate for Pakistan is 10,24,000. Highest blindness rate is recorded in Africa. In some villages of North Ghana one tenth of the people are blind and similar figures have been recorded in Kenya and the Southern Sudan. Nigeria, with a population of thirty-two million, is estimated to have 3,20,000 blind inhabitants.

2. In parts of Arabia there are Villages where practically every one has poor sight or some eye trouble.

3. Among the Suk tribesmen in East Africa it was found that 9 out of 10 were suffering from eye disease: among the warrior Masai 1 out of 8 had seriously defective sight.

4. The Government of India, seeking to discover how its efforts for the blind could yield the best results, has made the following calculations: Assuming that a person losing his sight before the age of 21 may expect to live 40 years, the total period to be endured in darkness by the 600,000 young persons concerned comes to more than 12 million years.

5. Pakistan, with a population of more than ninety million, with multifarious economic and special problems, illiteracy and poverty has more than 10,24,000 people totally blind, who require care, and rehabilitation and those who are partly blind, heading towards, blindness, with CATARACT & GLAUCOMA requiring treatment and operations and other innumerable ordinary and serious infectious diseases, which require treatment and cure.

6. Out of three thousand million people on the earth today at least ten millions, of whom six hundred and fifty thousand are children, live in perpetual night. Some researchers, indeed, believe that this is a gross underestimate and put the number of the world's blind at more than fifteen millions.

7. This **EMPIRE OF DARKNESS** has its subjects in every country. More than seven million of them, it has been estimated live in the rural areas of the world.

8. Taking the minimum estimate of 10,000,000 blind people in the world, it can be assumed (by reason of the general lack of social services) that at least 8,000,000 of them are partially or wholly dependent.

9. If the cost of providing food, clothing and shelter for an individual is as one dollar a week and in most places it will be far higher— then the cost of providing for 8.00,000 dependent blind people works out at more than 400,000,000 dollars a year.

10. It has been estimated that in England the cost of blind welfare services and relief payments is about 10,000,000 dollars a year, but that the amount spent on research into eye diseases and the prevention of blindness is around 250,000 dollars only—about 25 dollars for every 1,000 dollars 1,000 i.e. **2-1/2 per cent only.**

11. In the United States the cost of blindness has been estimated at 350,000,000 dollars and expenditure on research 3,250,000 dollars, a large figure but only about **1 per cent only** of bill for blindness.

12. While the RESEARCH figure is only 1,600,000 dollars the American Women spent 6,000,000 dollars only on **LIPSTICKS** in 1954.

13.. And the cost of the research work which discovers how to prevent the continuation of this tragedy was only a few hundreds of pounds or thousands of dollars, equivalent to the blind—pension of a single sufferer for a year or two.

14. IT CANNOT BE REPEATED TOO OFTEN THAT THE COST OF PREVENTIVE SERVICES IS ONLY A FRACTION OF THE AMOUNT THAT COULD BE SAVED BY REDUCING THE BURDEN WHICH THE BLIND INEVITABLY REPRESENT FOR ANY COUNTRY'S ECONOMY.

15. TWO THIRDS OF THE BLINDNESS WHICH EXISTS, HAS BEEN ESTIMATED, RESULTS FROM CONDITIONS WHICH, IF THE NECESSARY MEASURES OR TREATMENT WERE AVAILABLE AT THE RIGHT TIME AND IN THE RIGHT PLACE, COULD BE PREVENTED OR CURED.

16. In Tunisia, a country of fewer than 4,000,000 inhabitants, one investigator put the loss of working days due to TRACHOMA at 20,000,000 a year.

17. There are more blind people in the city of Calcutta than in the whole of Canada.

18. In Pakistan there are more than 10,24,000 blinds out of which several Institutions working for the welfare of the Blind have been able to give shelter during the last 18 years to only about 500, out of which hardly 50 are trained—not even fully to become self-dependent. The cost for this achievement is believed to be enormous, whereas, hardly a few percents of that amount are spent on Prevention. Pakistan's burden alone, on the basis of 10,24,000 blinds will roughly be Rs. 223 crores a year.

19. Elsewhere in Europe and in most of Asia the blindness rate is at least twice this figure. And in the Eastern Mediterranean countries and in much of Africa, the blindness rate is from six to ten times as high. The terms the "DARK CONTINENT" is indeed based upon a terrible truth. If we examine the figures of villages, or tribes or small groups of people, we find that their tragedy may easily be lost sight of in striking averages, which often hide more than they seek to reveal. Seven million blind people live in Asia, and more than a third of them are citizens of the Commonwealth.

20. The greatest single cause of serious and progressive loss of sight often leading to blindness is TRACHOMA. Among the million of TRACHOMA sufferers children are the first victims. According to WHO estimate, one sixth of the world population is affected, 500 million compared with the figure of 100 million actually blind. Some time ago it was asserted by an "EXPERT COMMITTEE" of the Organisation that majority of cases of Trachoma can be cured by chemotherapy and antibiotic therapy.

PREVENTION IS BETTER THAN CURE. PREVENTION COSTS LESS

1. Sight is one of man's precious and choicest possession and Gift of Nature. Partial or total blindness will always remain a tragedy although one that can mitigated by training which in some countries is enabling a very few blind people to work and earn their living in competition with the sighted people. The greater part of the world's blind, millions of people, however, have still to suffer the additional distress of being an unproductive burden on their families or communities. **Yet more than two third of the world's blindness is preventable. With proper treatment by drugs and surgery, sight could be restored to millions who are now losing it.**

2. **HELEN KELLER, THE WORLD'S MOST FAMOUS BLIND CITIZEN HAS SAID, "ONE-TENTH OF THE MONEY WE NOW SPEND TO SUPPORT UNNECESSARY BLINDNESS WERE SPENT TO PREVENT IT, SOCIETY WOULD BE THE GAINER IN TERMS OF COLD ECONOMY, NOT MENTIONED CONSIDERATION OF HAPPINESS OF HUMANITY."**

3. The cost of Australia of its 30 blind babies is estimated to be in region of £1,000,000. The cost of the U.S.A. of their, 8,000 has been estimated at 800,000,000 dollars.

4. It has been estimated that in England the cost of blind welfare services and relief payment is about £10,000,000 a year, but that the amount spent on research into eye diseases and the Prevention of blindness is around £250,000 only about £25 for every £1,000 i.e., **2-1/2 percent.**

5. In the United States the cost of blindness has been estimated at 350,000,000 dollars and expenditure on research 3,250,000 dollars —a large figure but only about **1 percent** of bill for blindness.

6. While millions and millions were spent it, America in 1954 on research for polio, heart, cancer and T.B., only 1,000,000 dollars were spent for eye-research against which 150,000,000 dollars were spent on assistance to the blind.

7. While the RESEARCH figure is only 1,600,000 dollars the American Women spent 6,000,000 dollars only on LIPSTICKS in 1954! This is only on one item of luxury.

8. Elsewhere in Europe and in most of Asia the blindness rate is at least twice this figure. And in the Eastern Mediterranean countries and in much of Africa, the blindness rate is from six to ten times as high. The terms the "DARK CONTINENT" is indeed based upon a terrible truth. If we examine the figures of villages, or tribes or small groups of people, we find that their tragedy may easily be lost sight of in striking averages, which often hide more than they seek to reveal. Seven million blind people live in Asia, and more than a third of them are citizen of the Commonwealth.

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10. The Government of India, seeking to discover how its efforts for the blind could yield the best results, has made the following calculations: Assuming that a person losing his sight before the age of 21 is expected to live 40 years, the total period to be endured in darkness by the 600,000 young persons concerned comes to more than 12 million years.

11. Taking all age groups, the total of sightless years to be endured by India's two million blind comes to more than 41 million and more than 58 percent of this burden will be borne by those who became blind before they were twenty-one years old.

12. In Belgium, the number of blinds per lac of population is 43, which is the lowest in the world. In Italy it is 57, Austria 66, Canada 150, in U.K. it is 175 and in U.S.A. it is 214. As against this, Pakistan has the highest of 1,024 per lac of population.

13. There are more blind people in the city of Calcutta than in the whole of Canada.

14. The startling fact is that the blindness is on the increase in America inspite of the country being so advanced and is taking very

many steps)to combat blindness.

(a) In 1944 there was one blind PERSON PER 1,000

(b) In 1954 there were two blind PERSONS PER 1,000.

(c) In 1967 there are 214 blind persons in every lac of population.

(d) In 1943 there was one CHILD BLINDED by RETRO-LENTAL, FIBROPLASIA, RLF, among 100 Premature Children and

(e) In 1954 there was one CHILD BLIND among 20 Premature CHILDREN.

(f) 500 Americans go blind every week in America, i.e., one person loses his sight every 20 minutes.

(g) While America with a population of 17 crores has 334,000 blind persons, Pakistan has roughly, as we understand, 10,24,000 blinds with a population of about 10 crores, i.e., half the population as compared with America. The above are the conditions prevalling in an advanced country like America, whereas in Pakistan, which is a backward and underdeveloped country, the conditions are appaling and miserable beyond measurement. This further alerts us of the problems and confronts us with a colossal task that has remained uncontrolled and unchecked so far. According to a news item in 'Dawn' of 3.1.1960, 30,000 go blind every year in East Pakistan alone. As such, the estimate of 10,24,000 is really an underestimate.

15. For a country like Pakistan, with Agriculture as its spinal cord, the menace of Blindness is indeed a very cognizable factor. The rural areas which form the virtual granary of our country, incidentally comprise 80% of the overall population and incidence of eye diseases leading to blindness are nearly 95% in rural areas. It would, therefore, appear that only 5% of the population of 10,24,000 is actually in urban

areas. This would mean that the incidence of blindness is faster in the rural areas due to lack of medical facilities and proper advice. It is indeed ironical that almost all Agencies in this tragic field are situated in the cities . . . and those very persons for whom the bell tolls, are hundreds and thousands of miles out of reach.

16. The Blinds in the rural areas are normally supported by their relations and neighbours. Their rehabilitation does not, in fact, pose such a dilema as that of the PRESERVATION of the sighted person who are brinking on the verge of blindness. The remedy, here again, is PREVENTION . . . prevention here, there and every-where—just as **"A BIRD IN HAND IS WORTH TWO IN THE BUSH."**

17. Consequently, 6,82,666 Blinds (2/3rd of 10,24,000) could have been saved from the tortures which they face today if there was a net-work of Preventive Agencies all over the country split up at district levels. In other words, a total of Rs 149,23,09,333/- (Rs. 149 Crores, 23 Lacs 9 Thousand and 333) as stated above, could have been saved. However, in fact, very little is being done to rehabilitate the blind. Mostly they are rotting or looked after by their families and voluntary organizations.

18. The tremendous losses stated above are not actually suffered by Government on Rehabilitation, as very little is done on that account, but they are **invisible losses** suffered by our country through its population. However, the large number of Blinds already in our country constitute a separate problem to be tackled on a different footing which has to be considered very carefully.

20. One wonders to think how many potential Jinnahs, Iqbals, Ali Brothers, Sir Sayed Ahmads, Scientists, Engineers, Architects and Artists are lost to our nation through inattention and apathy in the field of "Preventive" measures resulting in loss of sight. To be more explicit, it may be posed as to what would be the parental line of action if they have a son who is totally blind, and another one develops GLAUCOMA? While in the case of one, they have already resigned to Fate and accept him as a liability, the other one traps all their attention and financial resources, so that he can remain an asset to them, to their family, to the community, to the Society and to the Nation. This necessary bifurcation of attitude to One's own

flesh and blood indicates clearly that PREVENTION is the only weapon to attack and tackle the disease in good time so that the family's future is not burdened with a fresh case of rehabilitation. What applies to one family-unit, applies a thousand-fold to the Society at large, for, what is family if not a miniature world?

20. There is far more depth in the problem of blindness than mere economic calculations and tabular mathematics. For example; Imagine a woman in the prime of her youth falling a victim to this demon of blindness. The divine heights of joy that a woman feels at her first motherhood of her tiny little first-born are too ethereal for description. She forgets the near-death physical tortures in the process. She forgets all her worries, and tears of indescribable ecstacy trickle down her cheeks when she gathers the sweet lump of bone and flesh and kisses her child . . . sees and recognises the familial resemblance in its nose of its father, in its eyes of her own charm. BUT WHAT HAPPENS TO HER IF SHE HAS BEEN BLINDED in the prime of her womanhood? Can her mental anguish and suppression of her maternal instincts and cravings be ever expressed in words.

21. The heavenly joys of motherhood . . . the optical sensation of maternal love and pride . . . the visual pleasures of the child at her breasts . . . all these sweet purities are pathetically denied to her. Can any amount of sympathy give her back what she has lost? The answer would be a subdued 'No', and in this 'No' lies the crux of the problem. Can such tragedies be **prevented? ALAS! CAN ANY AMOUNT OF MONEY SPENT ON HER REHABILITATION, GIVE HER BACK THE WEALTH OF HER SIGHT** which she has lost?

22. This is not merely a sentimental question. When developing nations are confronted with social problems and their adverse impact on the country's Economy, the answer lies in tackling those problems on the systematic basis of modern sciences. The role of Logics, therefore, plays a vital role in the field of planning and applies to all such propositions that entail expenditures which must yield concrete Returns of a permanent nature. When huge amounts are spent, the driving Motive must necessarily aim at the non-recurrence of the causes that lead to such an investment. If this is achieved, then the money is certainly well spent (well-invested). This universally accepted enunciation obviously points in the direction of PREVENTION, which alone can

yield enduring Results. In the context of the above, if one were to think in terms of PREVENTION and CURE of this scourge the moral. social and economic benefits achievable come into a bold relief.

23. Moved by the tragic plight of sightless persons and the serious repurcussions which the increasing incidence of BLINDNESS is certain to have on the Socio-economic future of our country, the Society for the Prevention and Cure of Blindness was formed in 1960.

24. The aim of the Society is not only to prevent preventable blindness and cure cureable blindness of the already afflicted, but also to simultaneously create eye-consciousness amongst the public in general and in particular the School Children, and those in rural sectors. Since the burden of Today is to be borne by the Tomorrow's citizens, the necessity of eradicating the causes leading to eye-diseases and eventually to blindness, have to be nipped in the bud. This applies with even greater emphasis to the rural populations who constitute the embryo of our national man-power and economic stability. With these factors in view, and inspired by the scriptural precepts of service to humanity, the Society has engaged itself in the programmes listed under "ACTIVITIES" given on the back cover page.

25. A SHORT STUDY of facts and figures co-related to the problem of blindness and its implications, is necessary in order to visualize the tragic picture that crystalizes before those who are working in this field.

26. According to the census of 1952, the population of Blinds in Pakistan was 4,00,000. In the absence of any recorded data since then, if we calculate on the basis of American figures, we come, quite logically, to an alarming conclusion. On the authenticity of a published Report, America . . . a country known for its advancements in Science and Medicines, has a blind population of 3,40,000 in its overall populace of 17 Crores, and the rate of the incidence of blindness there, according to the same Report is 500 a week! On the hypothesis of this, Pakistan, where living conditions are almost sub-human, must be 'producing' 48,000 blinds per year! According to a news item in 'DAWN' of 3-1-1960, 30,000 persons go blind in East Pakistan alone every year and as such our estimate of 48,000 persons going blind in whole Pakistan is an underestimate. In 13 years, since the 1952 census, 6,24,000 must have

joined this unfortunate group, taking the toll to 10,24,000. This, indeed, is a shocking situation and calls for the urgent attention of National and International Bodies working in this field. So far the figure of only 4 Lac Blinds in Pakistan has been playing on the minds of the public, which is, no doubt, a gross underestimate. The fact, however, is that the figure of Blinds has actually gone up by about 3 times, and unless it is checked by PREVENTION and CURE, it is bound to assume a still greater alarming position.

27. **The prevention of blindness is not merely one which seeks to mitigate human sufferings and inspires the noble sentiments in us, but it has its economic aspects also which, unfortunately, do not seem to get the serious attention they call for. Rehabilitation of the blind is no doubt an essential work. But this mere rehabilitation becomes meaningless if efforts are not made for its PREVENTION and CURE and the factors responsible for the huge expenditures on this account are not reckoned and channelized into normal avenues, rather than ignoring them to accumulate to eventually become a recurring terrible liability.**

28. The total cost of rehabilitating 10,24,000 at Rs. 150/- per month cost paid by the Institutions is Rs. 105/- but there are rent-free building and several other supplies made free by Philanthropists which, when taken in cost, would at least amount to Rs. 150/-) would be Rs. 184,32,000 (about Rs. 185 Crores) to which loss of per capita income at Rs. 386/- will further amount to Rs. 39,52,64,000/- (about Rs. 40 Crores), both totalling to a gigantic amount of Rs. 223,84,64,000/- (about 224 Crores). The loss of their productive value in Industrial, Agricultural and other fields is very much serious. apart from these figures.

29. Now, against the expenditure involved in the rehabilitation and loss of income of the present 10,24,000 Blinds, let us see how much actually could have been and/or can be saved by a PREVENTIVE and CURATIVE approach. **According to Helen Keller, the renowned world Blind citizen, "Two thirds of the blindness which exists, has been estimated, results from conditions which, if necessary measures or treatment were available at the right time and in the right place, could be prevented or cured."**

30. Consequently, 6,82,666 Blinds (2/3rd of 10,24,000) could

have been saved from the tortures which they face today if there was a net-work of Preventive Agencies all over the country split up at district levels. In other words, a total of Rs. 149,23,09,333/- (Rs. 149 Crores, 23 Lacs 9 Thousand and 333) as stated above, could have been saved. However, in fact, very little is being done to rehabilitate the blind. Mostly they are rotting or looked after by their families and voluntary organizations.

31. The tremendous losses stated above are not actually suffered by Government on Rehabilitation, as very little is done on that account, but they are **invisible losses** suffered by our country through its population. However, the large number of Blinds already in our country constitute a separate problem to be tackled on a different footing which has to be considered very carefully.

32. The idea of spending colossal amounts of money on the training of the blind would seem to be out of place in countries where there is an abundant asset of healthy man-power requiring to be protected by Prevention from becoming the victims of disabling diseases and factors including blindness. Indeed, it would be an outright, 'penny-wise-and-pound-foolish' approach if today's assets are ignored to become tomorrow's liability.

33. The idea of training the blinds in different locations with the view that the Centres producing goods manufactured by the blind person will earn appropriate Returns, is a Commercial misnomer. The products produced by the Blinds are not easily saleable because of their cost and quality. The costing of the production at these Centres has no real Commercial basis and as such, prices for the goods are fixed on the assumption that moral values will prevail in the Market. But this rarely happens. The only buyers would be a few philanthropists. But then, what is the percentage of such customers?

34. To illustrate, we have in our country some Agencies who are working for the rehabilitation of the blind by educating and training them. With an annual expenditure of Rs. 1,25,000/-, the Institution shelters and trains 100 Blinds with the free Rations, Meat, Sweet, Clothes etc., which Philanthropists present from time to time. Besides, no rent is paid for the accommodation as the building is a donated one. They averagely could produce only 20 blind person each year

who could be said to have reached a stage where they can earn Rs. 30/- P.M.! Against this Rs. 105/- is the minimum amount per head per month of housing a blind with various presents and free building would bring the amount to Rs. 150/- per month. The period required to reach an earning stage is 6 years! So after consuming an amount of Rs. 10,800/- minimum, a blind is said to be capable of earning Rs. 30/- only—hardly sufficient even for sub-human existence. Out of these 20 blinds, averagely 8 are transferred to another Centre and the rest go on their own and their fate is not known. The blind on whom Rs. 10,800/- are spent to make him capable of earning Rs. 30/- P.M. makes up that amount in 30 years.

35. If the authorities concerned visualize the loss of Industrial and Agricultural output accrueing from the annual substraction of 48,000 from the country's productive population, they can foresee the impending disaster to the national productivity. It would be a sad day, indeed, when the future will reflect the indifference and apathy of the Past indulged in by today's responsible sections of the human race. Today—nay—Now is the time to take a cue from the Past. In the words of H. W. Longfellow:—

"Trust no Future, however, pleasant,

Let the dead Past . . . burry, it is dead,

Act . . . act in the living present,

Heart within and God over head.

36. The Blinds all over the world represent the Past. They are unfortunately a human commodity beyond redemption. **THEIR PATHETIC FACES SHOULD OPEN OUR SIGHTED EYES TO WHAT IS IN STORE FOR US IF WE TOO FAILED TO TAKE A LESSON FROM THEIR TRAGEDIES.**

37. We will stand condemned in the eyes of our future generation if we leave behind us a legacy of a calamitious character. The Sands of Time will stand testimony to the direction of our footprints. Let us then take our steps in the right direction—PREVENTION.

38. It is exactly like when a War is on. Communication lines are belown up, ammunition demps are located and bombarded. Armament factories are shelled and destroyed. The target is INVARIABLY THE SOURCE which is capable of sustaining the enemy's power. Similarly, the war against BLINDNESS warrants the annihilation of the causes that lead to it, with Prevention and Cure as the weapons. If our human and material sources, our energies and intentions are posed in that direction, the victory shall, God-willing be ours. Our honest labour will not go unrewarded. We quote H. W. Longfellow again;

"Let us then be up and doing,

With a heart for any Fate,

Still achieving, still pursuing,

Learn to labour and to wait."

(H. W. Longfellow)

39. In all spheres of Development Planning and National reconstruction the emphasis all the world over, is NOT on what has been already been lost, BUT ON WHAT COULD BE SAVED HARNESS AND CAPITALIZED. For instance, it would, indeed, be a preposterous idea to wait for 48,000 to go blind every year, and then, their sympathy (which they actively have at family-levels), embark on their rehabilitation: at unremunerative enormous costs.

40. Why not PREVENT TODAY these 48,000 in the first instance. from going blind every year and reduce the burden of TOMORROW. To be more appropriate, we have too rehabilitate OURSELVES first in our out-look on this problem! Our attitude and approach to the issue has to be completely overhauled and re-orientated in the context of factual and objective thinking, rather than sentimental. Let us confess in fairness to the seriousness of this issue, that the present approach to it is basically wrong . . . it is itself deceased! In fact, it is blind itself, since it does not perceive what is vividly clear . . . what is glaringly conspicuous . . . and what is imperatively urgent.

41. It must, however, be conceded that it may not be possible to wipe off blindness completely. It is also a fact that this tragedy will, for some reason or the other, continue to exist, but then, modern Science has today achieved what was taken to be impossible a century back. What is certain currently is that it can be positively minimized to a very great extent. And, in minimizing it successfully with effective planning, the matter of the rehabilitation of the Blind comes down to the level of a normal and workable welfare-work which can be shared conveniently by different communities and the families of the blinds at large instead of assuring the shape of fantastically expensive and unremunerative Scheme which developing countries can ill afford.

42. It would not be far wrong to say with a certain amount of confidence that it is a criminal waste of Time, Space, Energy and Material, because, what can be achieved by spending . . . nay . . . by investment in PREVENTION of blindness, is much cheaper, more practicable, more lasting then mere pigmentation of the sore and leaving the infectious blood underneath to keep on spreading its poison in ever-new places.

43. The truth of the matter is that the unfortunate blind person do need our compassion . . . not so much for their bread, as for the solace linked with it. The world has quite a few eminent personalities in this unfortunate group of Modern Scientists, Artists, Poets, Musicians and other personalities who command universal respect. The blinds, then, are not really hungry, though beggary has come to be associated with them professionally mostly in the East, due to other Socio-moral causes. What they do need is a healthy and easy occupational past-time-cum-work which can be provided by pooling the resources of their relations and neighbours who are in the best position to know whether the party helped is really a deserving one.

44. We, as the social workers that we profess to be, owe it to God and to ourselves too, to see that NOT the evil, but the source to it is annihilated, and, in the process let us be mindful of the path we choose to achieve lasting results. Even the Prophets laid down their lives for the salvation of Good from the Evil, Truth from Falsity. They rectified the Social attitudes of their times by preaching what to do, rather than sermonizing on what was done and paid for. To

quote H. W. Longfellow again from his 'Psalms of Life':—

"Lives of Great men all remind us:

We can make our lives lime,

And departing. leave behind us,

Footprints on the sands of Time."

45. It is, therefore, pleaded that we engage ourselves with all the paraphernalia of a realistic planning and concentrate our war AGAINST BLINDNESS, rather than a war FOR the BLIND. It would not be amiss to repeat. It is as true today, as it was yesterday, and will ever remain so to the end of Time and Space that:—

"PREVENTION IS BETTER THAN CURE."

BLINDING DISEASES

1. **CATARACT:** Is very common in the advanced stages of life. The blindness, however, is curable in the hand of doctors and nearly normal vision may be restored with suitable glasses after operation. It has been observed that cataracts occur in old age generally but the fact is that cataract can occur at any age or from the very birth, when a pregnant mother has suffered from fever or any other troubles. Owing to lack of medical facilities, like operations, many people with this disease grope in darkness for years.

2. **GLAUCOMA:** There is a danger, particularly in a month old baby of a condition arising in the eye which may lead to GLAUCOMA. With this disease there is a pressure from inside the eye, making it appear bigger than usual and therein lies the danger. Consult an eye doctor at once. This is perhaps the most dangerous of all eye diseases. It is due to the fluids in the eye being unable to drain out properly. This results in a buildup of pressure within the eye which affects the optic nerve of sight and eventually products blindness. The cause is unknown and the onset of the disease may be very gradual, so that often someone suffering from it does not see a doctor until it is too late for him to be able to help. Beware if you see many colours around light, you are developing GLAUCOMA. In such case Eye Doctor should be consulted. In America GLAUCOMA has caused an estimated 50,000 cases of blindness in both eyes and 1,50,000 cases of blindness in one eye. Yet many cases develop so gradually that the person is unaware of it. It is estimated that about one million person over 50 have such undetected GLAUCOMA which oddly enough is called chronic simple GLAUCOMA. GLAUCOMA can be cured or arrested provided it is diagonosed early. Prevention lies in regular checkups after this age.

GLAUCOMA SCREENING

1. After the age of 39, you are wise to have an eye test for glaucoma at least every two years. This investment of a few minutes in having your eyes screened may mean the difference between keeping your eyesight or losing it. The chances are that the pressure in

your eyes is normal, but don't take a chance because it is possible that you may be the one person in 50 (over the age of 39) who has glaucoma and is losing his sight without knowing it.

2. **NO NOTICEABLE SYMPTOMS IN EARLY STAGES:** There are no warning signals you can recognize in the early stages of chronic glaucoma, but an eye physician can tell by a simple, rapid, painless test whether you should suspect this eye disease.

TWO TYPES OF GLAUCOMA:

3. Glaucoma is an important and common eye disease among adults over the age of 39. Pressure builds up inside the eyeball when its drainage canals do not work properly. This continued pressure hardens the eyeball and in time destroys sight unless it is found in time and arrested.

4. Glaucoma can be either acute or chronic. In the acute type there may be a rapid rise in pressure, severe pain, and cloudy vision. It requiries emergency medical attention.

5. It is far more common chronic form, glaucoma is slow and subtle with no pain. It steals up on you and does serious, permanent damage before you know it, unless you discover it early. Both types are dangerous because either type can cause blindness.

6. There is no way to prevent glaucoma. However, there is a way to prevent further loss of eyesight from it if it is found in time and treated properly. All a person can do is to have his eyes tested every two years, or as advised by his physician, or when symptoms appear. He must carry out treatment faithfully, when it is needed.

HOW CHRONIC GLAUCOMA AFFECTS SIGHT:

7. A person with chronic glaucoma may be able to read a wall chart perfectly 20/20 central vision in a restricted area. (It is similar to looking through the barrel of a gun, and often is referred to as "tunnel vision.") Still he may be legally blind because of severely narrowed side vision. He can have chronic glaucoma for many months before he notices any difficulties.

8. **WARNING SIGNS OF CHRONIC GLAUCOMA:**

(a) Symptoms which are a warning for an immediate tonometer test include:

* Vague and changeable headaches or eye aches, perhaps after seeing movies or TV in the dark

* Fuzzy or blurred vision which comes and goes

* Watering or discharge of the eye

* Poor vision in dim light

* Any change in eye colour

* Frequent need to change glasses

* Rainbow halos around lights

(This may be a symptom of other eye conditions also).

* Bumping into objects on either side of viewer

* Any loss of side vision

(b) Another warning for a checkup with a tonometer test is a family history of glaucoma. Relatives of those with glaucoma have five or six times as much of this eye disease as persons without glaucoma in the family.

Although glaucoma usually is an over-39 ailment, it occasionally affects children and young adults.

SCREENING FOR GLAUCOMA:

9. Participating in a glaucoma screening programme is a simple thing to do. In the test which is generally done, a small instrument called a tonometer is placed on the eyes after drops have been put in them to prevent movement. When the pressure within the eye is

suspiciously high, the person is referred to an eye physician (opthalmologist) for the several other tests needed to confirm whether or not a person has glaucoma. A tonometer can detect elevated pressure and the possibility of glaucoma before a person is aware of any symptoms.

WHERE YOU CAN GET AN EYE TEST:

10. You may have your eyes tested for glaucoma in the office of an eye physician, or in a Government hospital. There is no fee for the test at the Government hospital. Persons who cannot afford private eye care often can find assistance without cost by asking social worker, or any agency for the Prevention of blindness about available resources.

TREATMENT FOR GLAUCOMA:

11. A patient with glaucoma finds it fairly easy to carry out his eye physician's directions. The treatment usually includes:

* Special eye drops to unblock the drainage system of the eye which dams up the outflow of eye fluid

* Medicine by mouth or eye drops to decrease the inflow of fluid into the eye

* If the drainage system can't be unblocked, a new drainage outlet, through surgery, can be considered

Controlling glaucoma usually requires several trips to the eye physician until the eye pressure comes down and stays down and the treatment is properly regulated; then regular checkups with a tonometer and medical advice and treatment for the rest of a patient's life.

Because of the importance of medications, patients should always carry the special drops or other medicine with them and an identification card indicating the person has glaucoma and the medicine he is using.

(Reproduced with permission of the New York State Commission for the Blind and Visually Handicapped, 15 Park Row, New York,

New York, U.S.A.).

3. **CORNEAL ULCERS:** Corneal affections are today the third largest cause of blindness in America, comprising twelve percent of the total blindness, of the 3.34,000 blind. Close to 40,000 lost their sight due to corneal affections. These 40,000 blind can be divided into three nearly equal groups with between 10,000 and 12,000 each. In the first group, are those blind whose sight can be restored. In the second group, chances of a successful cornea operation are about 50-50. In the third group, sight can be restored by cornea operations in about 97% of the cases.

4. **CONJUNCTIVITIS:** Sore eyes are very common, especially in childhood, since they may well lead to blindness. Where the eyes look red and there is a thin watery discharge with swollen lids, washing with boric lotion, or even with clean water, will probably prove effective but if it does not, consult a doctor, Conjunctivitis is spread by **flies** and this is why it is so important to keep the house and its surrounding clean of rubbish so that flies cannot breed.

5. **TRACHOMA:** In 1875, a medical Officer in England discovered that, out of 8,798 children in Poor Law schools whose eyes he examined, no fewer than 80 percent were infected by Trachoma. However. no real action was taken until the end of the century when the local Government Board recommended that Opthalmia Schools be established. Two such institutions were opened in England in 1903 and 1904, and by 1914 adequate facilities for treatment had been introduced. In Morocco, in trials, covering several thousand carefully followed cases of Trachoma in school children, it was found that 75 to 80 percent were clinically cured after one course of treatment each month for 6 months and nearly 100 per cent of the remainder were cured after a second course.

The greatest single cause of serious and progressive loss of sight often leading to blindness is TRACHOMA. Among the million of TRACHOMA sufferers children are the first victims. According to WHO estimate, one sixth of the world population is affected, 500 million compared with the figure of 100 million actually blind. Some time ago it was asserted by an "EXPERT COMMITTEE" of the Organisation that majority of cases of Trachoma can be cured by chemotherapy and

antibiotic therapy.

6. **SMALL POX:** Is a large cause of blindness in children. It causes large ulcers on the Cornea which usually perforate the contents of the eye, are extended bading to Pthisis Bulbi resulting in total loss of sight.

7. **VITAMIN 'A':** Experiment indicate that the children injected with a single massive dose of vitamin 'A' at the time of weaning have a considerably improved chance of avoiding serious eye trouble during the few vital months immediately after injection.

YET TWO THIRDS OF ALL THIS BLINDNESS IS PREVENTABLE

(Please also see 'USEFUL HINTS TO PARENTS')

RESEARCH PROGRAMME OF THE ASSOCIATION FOR THE PROMOTION OF OPHTHALMIC RESEARCH, KARACHI

1. Progress in any field or knowledge is possible only with a deep and concentrated study of any particular subject in all its aspects. Eversince the inception of human life of Earth, the question of its preservation has all along been the supreme concern of Man. The survival of man and his procreations since the prehistoric period has remained till today the via media for the advanced civilizations of the modern world to seek ever-new avenues for a safer and more orderly life. The unwritten Primitive Law which states that only the Fittest shall survive, therefore, it is as effective today as it was then . . . perhaps with even greater emphasis on the MEANS to remain fit. The discovery of Medical Science and its development through the ages has, consequently, come to a stage where there is a bifurcation of the principal object of nourishing life. One offshoot of the main is directed towards Medical and Surgical PRACTICE and the other aims at RESEARCH.

2. While PRACTICE is dedicated to combat diseases in the CURATIVE field, RESEARCH is devoted to the How and Why of the CAUSES of maladies with an eye on their PREVENTION. Once a cause is ascertained, it leads to several other causes of the main cause, and RESEARCH analizes these causes of a cause and devises its antidotes and the techniques of their administration.

3. It is not our intention to touch the inexhaustable field of human maladies. Our main concern are the EYES and the Prevention of their diseases. It is our belief that SIGHT is a pre-requisite to a purposeful human life. Without this Divine gift of sight, life boils down to a mere existence of a mobile physical susbstance.

4. The future of a nation, like that of an individual, depends on a healthy state of being. All energies . . . apparent and latent, have to be conserved and their potentialities utilised. Pakistan is yet an infant in the comity of nations. Its future depends on its Agricultural and Industrial output. as also on the lessening of its liabilities in the Socio-

economic field. But, with 10,24,000 blinds, and an increase of over 50,000 a year in the population of these non-productive multitudes, the shape of things to come in the future years, presents a dark picture.

5. It is, therefore, a matter of prime importance that BLINDNESS and its incidence must be checked TODAY to ensure a smooth passage into the realms of Future. Prevention of preventable and Cure of cureable blindness is being tackled very insufficiently in our country, though there is a vast scope for a more fuller effort. Conscious of the limitations of our Government, Voluntary Agencies, like the Society for the Prevention and Cure of Blindness, which has come into the field since 1960 to augment Government efforts. After years of preventive service and the need expressed by the Eye Specialists, OPHTHALMIC RESEARCH was considered essential to vitalize Preventive work and render more effective means of approaching the issue before this Society.

6. THE APOR, is, therefore, a twin-sister of the Society. It must, however, be clearly understood that the RESEARCH it intends to undertake for the present, is not the one generally meant in the advanced countries of the world, in the strict sense of the word. Ours is a poor country. It cannot afford Research Clinics and Laboratories with costly equipment and an executive machinery of the specialists. The dearth of trained doctors is too well known . . . more so of the Eye Specialists who could be counted on fingers.

7. Under these circumstances, the nature of Research work will, of necessity, be of a clinical statistical nature. Experimental Research will have to be postpond till we achieve the pace of modern clinical advancements in Medical Science in this country.

8. However, a Research Officer will be appointed who will be assisted by another doctor from amongst the Post Graduate under training at the Jinnah Post Graduate Medical Centre, Karachi, in his own interest to gain experience. (It may be pointed out that the Eye Department of Jinnah Post Graduate Medical Centre has started from the year 1966 the Post Graduate Membership and Fellowship Courses of the College of Physicians and Surgeons Pakistan, which are of three and four years courses respectively). Both these doctors will assist the Eye Surgeons in the O.P.D. and while operations are being performed.

The Eye Camp Hospital, like those established every year by the Society for the Prevention and Cure of Blindness, Karachi, in various rural areas of West Pakistan, could provide an useful venue for the doctors under training to assist Medical team of the Camp and also observe and take down notes for their study.

9. Another doctor will attend to the Amblyopia Research Project of the APOR on the cases referred by the Children's Hospital of the Jinnah Post Graduate Medical Centre, which will be later on submitted for the rechecking by the Principal Investigator of the Project, and also assist the Principal Investigators of the Projects in referring to books and Journals for study of the Foreign Research Findings.

10. The APOR will be issuing periodical bulletins, pamphlets and journals containing useful data for the Eye Doctors and Social workers in the latest technique in Eye work, as well as allied subject will also be incorporated in their pages including useful matters for Social Workers in the field and general public.

11. A closer study and observation on Cataract operations in diabetic persons, the nature of different Glaucomas and the extent of the dangers of Trachomas and other dangerous Eye Diseases requiring immediate attention to prevent blindness etc., will also form an integral part of its programme.

12. Since the inception of the APOR, efforts have been made towards Clinical Research in Ophthalmology.

13. Six papers have already been published by Dr. Mahmood Ali in various Medical Journals of Pakistan. The last being "Comparative Study of the Standard and Orthodox of cataract extrations." This series covered six hundred consecutive cases and the paper was published in the Journal of Pakistan Medical Research Council, Lahore, Vol. IV, No. 1 in January 1965.

14. A study on Ocular complications of diabetics was made by Dr. T. H. Kirmani, F.R.C.S. (Eng), DO (Lond), and a paper on this subject was read at the joint PMA/BMA Conference, held at Karachi in December, 1966.

15. The paper on "Surgical Management of the Squint" was pub-

lished by Dr. Mahmood Ali, F.R.C.S. (Eng), M.B.B.S. (Osm), D.O. (Oxon), D.O.M.S. (Lond) in Medicine and the paper was read at the International Medical Conference held in Hyderabad in September 1965.

16. An Opthalmic Clinical Research Unit has been organized within the Department of Ophthalmology, at Jinnah Post Graduate Medical Centre, and premises for the same has been acquired through the co-operation of Director, Jinnah Post Graduate Medical Centre. These premises have been renovated, at the cost of over Rs. 12,000/- by the APOR's funds to house the Research Unit. Records, case cards and other necessary papers are prepared to carry out the Research programme and Daily Statistics are being collected since January 1967.

17. Two OPHTHALMIC RESEARCH PROJECTS are in our hand namely:

(a) **SURGERY OF THE GLAUCOMATOUS AND PRE-GLAUCOMATOUS STATE:** The Principal Investigator is Dr. Mahmood Ali, F.R.C.S. (Eng), D.O. (Oxon), D.O.M.S. (Lond), M.B.B.S. (Osm), Ophthalmic Surgeon and Head of the Ophthalmic Department, Jinnah Post Graduate Medical Centre, Karachi and the Hon. General Secretary of the APOR.

(b) **EPEDIOMOLOGICAL STUDY OF INCIDENCE OF AMBLYOPIA IN SCHOOL CHILDREN OF KARACHI REGION WITH SQUINT; THEIR EARLY DIAGNOSIS OF AMBLYOPIA AND ITS PREVENTION BY TREATMENT:** The Principal Investigator is Dr. T. H. Kirmani, F.R.C.S. (Eng), D.O. (Lond) Associate Surgeon and Assistant Professor of Ophthalmology, Jinnah Post Graduate Medical Centre, Karachi, and the Hon. Joint Secretary of the APOR.

The details Projects with Budgets accompany.

18. In order to keep pace with the latest development in the field of Eye Work, it has been deemed necessary to arrange and provide in the Budget for Foreign Technical Consultants and Advisers to visit our country and study conditions prevailing in selected areas and guide the Association in the adoption of the latest techniques in Research

which would be useful in the Preventive and Curative field of Eye Diseases. An annual visit of these Foreign Experts, whose Air Passage, Hotel and Travelling expenses will be borne by the APOR, will prove to be a sound investment, in as much as, our doctors and special workers will be greatly benifitted by taking notes of their experience, advices and practical demonstrations.

OPHTHALMIC RESEARCH PROJECT

for

A.P.O.R.

THE TITLE OF THE PROJECT: SURVEY OF THE GLAUCOMATOUS AND PRE-GLAUCOMATOUS STATE.

PROJECT DIRECTOR: Lt. Col. K. A. Rashid, A.M.C., M.R.C.P., Director, Jinnah Post Graduate Medical Centre, Karachi.

PRINCIPAL INVESTIGATOR: Dr. Mahmood Ali, F.R.C.S. (Eng), D.O. (Oxon), D.O.M.S. (Lond), M.B.B.S. (Osm), Ophthalmic Surgeon and Head of the Ophthalmic Department, Jinnah Post Graduate Medical Centre, Karachi.

INSTITUTE WHERE THE RESEARCH PROJECT IS TO BE CARRIED OUT: JINNAH POST GRADUATE MEDICAL CENTRE, KARACHI.

2. **STATISTICS:** The yearly statistics for the year 1966, of Ophthalmic Department of the Jinnah Post Graduate Medical Centre are as follows:

Beds	80
Outdoor New Cases	41,260
,, Old Cases	38,880
,, Total Cases	80,140
Refractions	6,020
Admissions	2,130
Operations	3,010

The Ophthalmic Department is a part of the modern 750-bed Post Graduate teaching Hospital which has the most uptodate Basic Medical Science Institute with fully equipped Laboratory facilities and a large library.

The Ophthalmic Department has been recognized by the College of Physicians and Surgeons of Pakistan for Post Graduate teaching.

The Post Graduate teaching has been started from 1966, with two candidates for the three year Membership Course (M.C.P. & S.) and one candidate for the Four year Fellowship course (F.C.P. & S.). Although 7 candidates had applied but only three could be accepted. We hope to draw larger number of candidates in the year 1967.

3. **THE SCOPE OF THE PROJECT:** Chronic Simple GLAUCOMA has such insidious onset that a large number of people get blind or with greatly reduced vision before they are fully aware of it. Even among the outdoor cases that attend the Ophthalmic Departments, quite considerable number of early cases go undetected. This is a diseases, unlike cataract, in which the sight which is lost cannot be regained but on the other hand it is pre-eminently an arrestable disease.

4. The correct incidence of GLAUCOMA cases in Pakistan has never been established. GLAUCOMA SURVEYS have been done in different countries with startling results as to this incidence.

5. It is proposed to undertake the Survey of the established GLAUCOMATOUS cases and also the very early cases (pre-glaucomatous state).

6. The Research Project for the survey of pre-glaucomatous was sanctioned by the Scientific Council of Medical Research Pakistan, but the sanctioned amount was withheld because of the National Emergency in 1965.

7. In the last six years, the following GLAUCOMA operations have been done in Jinnah Post Graduate Medical Centre, Karachi. With proper survey and prophylaxis a majority of them could have avoided the operations, and with medical treatment could have retained the sight.

TOTAL GLAUCOMA CASES

Years	1960	61	62	63	64	65	Total
Iridectomy ..	386	231	272	241	172	163	1465
Trephine ..	68	100	128	137	151	158	742
Iridotomy ..	13	10	12	14	8	12	69
Irideclesis ..	42	63	97	30	72	81	385
Cyclodiathermy ..	2	5	3	2	5	13	30
Cyclodialysis ..	2	1	8	5	7	2	25
	513	310	510	429	413	429	2716

8. It may be noted here that the total number of GLAUCOMA cases recorded in the Jinnah Post Graduate Medical Centre, do not by any means represent the correct incidence. Due to overwork and shortage of staff and lack of facilities it is a safe guess that at least as many must have been missed.

9. It has been estimated that 13,600 of the 100,000 persons on the blind Register in England are blind as a result of GLAUCOMA. Many of them did not receive any treatment because they were not aware of the disease. In a developing country like ours the number is likely to be much higher.

10. Similar to the proposed survey, GLAUCOMA surveys have been done (1963 to 1965) in several cities of England, as Birmingham, Bradford, Oxford and Ferndale and the findings of all these surveys were discussed at a symposium which brought out several unknown incidences and factors about GLAUCOMA.

11. If we are to deal with this most important and cripping of eye disease, it is essential that a GLAUCOMA survey on scientific lines be conducted in Karachi as proposed above.

12. Equipment, Drugs and Research Officers required are given in the budget for 2 years attached.

BUDGET PLAN FOR 2 YEARS

PROJECT DIRECTOR—Lt. Col. K. A. Rashid HONORARY

PRINCIPAL INVESTIGATOR—Dr. Mahmood Ali „

EQUIPMENT REQUIRED:

1.	Applanation tonometer to be) fixed to the Carl Zeiss Slit Lamp 1965 Model.	One	DM 878.00 — Rs.	1,070.73 x 1 — Rs.	1,070.73
2.	Mirrors (and if not available one mirror gonioscopic prisms).	Four	DM 500.00 — Rs.	609.75 x 4 — Rs.	2,439.00
3.	Jerrum Screen 2 metres with targets, and all other accessories.	One	£ 25/- — Rs.	333.25 x 1 — Rs.	333.25
4.	Tonometers	Six	dollars 500/- — Rs.	2,400.00 x 6 — Rs.	14,400.00
4.	Elliot's Trephines 1.75 mm	2 doz	£25/- — Rs.	333.25 — Rs.	333.25
	——do—— 2 mm	2 „	£25/- — Rs.	333.25 — Rs.	333.25
6.	Methocil Dispersar 30 cc	3 Nos	— Rs.	7.00 x 3 — Rs.	21.00

DRUGS REQUIRED:

1.	Pilocarpine Nitras	4 Lbs		Rs.	500.00
2.	Escrine Sulphate	8 oz		Rs.	500.00
3.	Diamox tablets (Oratrol)	1000 Tabs.	— Rs.	41.00% — Rs.	410.00
4.	Lyophrine	100 Bottles	Rs.	15.60 x 100 — Rs.	1,560.00
5.	Carbacol	100 „	Rs.	6.93 x 100 — Rs.	693.00
					Rs. 22,593.48

RESEARCH OFFICERS (Part-time)	**1ST YEAR**	**2ND YEAR**
1. Principal Assistant (Part-time) at 100 x 12 &100x12—	Rs. 1,200.00	Rs. 1,200.00
2. Typist-cum-Clerk at 150/- x 12 & 165 x 12—	Rs. 1,800.00	Rs. 1,980.00
3. Stationery & Miscellaneous	Rs. 1,000.00	Rs. 1,000.00
	Rs. 4,000.00	Rs. 4,180.00

SUMMARY

Equipments and Drugs	Rs. 22,593.48
Staff etc.	Rs. 8,180.00
Contingency	Rs. 2,226.52
	Rs. 33,000.00

OPHTHALMIC RESEARCH PROJECT

for

A.P.O.R.

PROJECT TITLE: Epediomological study of incidence of AMBLYOPIA in school children of Karachi region with SQUINT; their early diagnosis of AMBLYOPIA and its prevention by treatment.

PROJECT DIRECTOR: Lt. Col. K. A. Rashid, A.M.C., M.R.C.P., Director, Jinnah Post Graduate Medical Centre, Karachi.

PRINCIPAL INVESTIGATOR: Dr T. H. Kirmani, D.O. (London), F.R.C.S. (Eng), Associate Surgeon and Assistant Professor of Ophthalmology, Jinnah Post Graduate Medical Centre, Karachi.

INSTITUTION WHERE RESEARCH JINNAH POST GRADUATE MEDICAL CENTRE, KARACHI IS TO BE CARRIED OUT: This institute is the biggest medical complex in Pakistan and has several departments which are unique. Basic Medical Science Institute with its allied departments, with extensive laboratory facilities are available. There is a modern 750 bedded hospital, which is fully equipped, and draw out-patients and in-patients from large population of over 3 million of Karachi.

2. **OBJECTIVES:** The objectives of this study would be to assess the frequency of AMBLYOPIA or blunt vision development in school children its causes, and frequency of its association with squint in children where neglect of treatment of eyes occurs as a result of lack of proper treatment at the right time. This study will endeavour to pick out early cases of refractive errors in children of school going age, advice their parents of the defect, and provide for the facilities of a proper Eye examination, prescription of Eye glasses for these children at the Jinnah Post Graduate Medical Centre, Karachi. This study would be invaluable, as it will detect the cases of blunt vision early and provide to them treatment at an early stage by correction of refractive errors with glasses, orthoptic exercises and when necessary treat by corrective surgery.

3. **IMPORTANCE:** Squint, the most common cause of amblyopia, is a disease of children. It is accompanied by error of refraction. It is curable, provided treatment is started early before 6 years of age. Amblyopia or blunt vision is incurable disease. Once amblyopia has set in, it cannot be cured. It invariably occurs with Squint and is most common hazard in children who develop squint in early age. Very often Squint can develop with errors of refraction and unless timely treatment is given to them, it can be too late and no useful purpose is served even by prescribing glasses in late age.

It has been observed by Eye Specialists all over the world by repeated examinations, that if error of refraction is corrected in children, at the onset of the error, which is commonly between ages of 3 and 6 years, the tendency of Squint is considerably reduced. It further hinders the development of amblyopia, so it is wrong to think that Squint in children should be left alone till they grow old, or is self-corrected. This very attitude is responsible for the onset of amblyopia which becomes incurrable in later age.

It is most important for the benefit of squinting children that their defect should be corrected before they go to school i.e., before they become 5 years of age.

If the squint appears later than 5 years of age, then it must be attended to immediately and opinion of qualified Eye Specialist must be sought without delay. The first stage in treatment of squinting children is to correct their refractive errors by glasses. In the next stage, if this does not control the Squint, orthoptic treatment must be started and if this also fails, then corrective surgical treatment must be carried out. The earlier surgery is carried out in children the better are the results both from visual and corrective point of view.

4. **METHODOLOGY:** There are at least 2-3 lacs school children, between 5-9 and the procedure will be to send our Recruited Medical Officers of the A.P.O.R. to the Schools, where they will teach teachers in correct Vision Testing. Vision Testing Charts will be left with them. Different Schools will be visited in a pre-arranged programme, so that school teachers are selected in advance to be ready for training in Vision Testing and First Aid in Common Eye Diseases.

Vision testers of the Society for the Prevention and Cure of Blind-

ness who have already carried out Vision Testing Programme, have sorted out the children needing refraction. These schools would be sent Opthalmic circulars so that in turn the school write to parents of such children to bring these children to the Pphthalmic Clinical Research Unit of APOR at Jinnah Post Graduate Medical Centre, Karachi during morning (8 to 1 p.m.) or afternoon (2 to 4 p.m.) by appointment where they will be tested thoroughly and vision recorded by Medical Officer and examined by Orthoptist for presence of any abnormality in their binocular vision. Orthoptist will use worth 4 Dot test and or Synoptophore to ascertain the degree of binocular vision. Those with refractive errors would be prescribed glasses and followed up at periodical intervals of 3-6 months and a record maintained of their progress. Those children between ages of 4 and 6 years who have refractive errors would be specially examined with a view to ascertaining Binocular vision and their record maintained. Their progress would be noted as to improvement of vision with glasses and with other orthoptic treatment which is required. Surgical treatment, if necessary would be given to them at Jinnah Post Graduate Medical Centre and their progress watched visually, orthoptically and clinically. By this method, we can check the development of blunt vision in these children and help them to develop normal healthy-eyes with full visual faculties.

5. **DURATION OF STUDY:** The initial research study would be for 3 years, or even 5 years.

BUDGET PLAN

for 3 years

PROJECT DIRECTOR: Lt. Col. K. A. Rashid Honorary

PRINCIPAL INVESTIGATOR: Dr. T. H. Kirmani ,,

	Pay	Months			
Orthoptist:	250	x 6	1,500		
	300	x 12	3,600		
	325	x 18	5,850	Rs. 10,950	
One Medical Officer (Part time)	100	x 12	1,200		
	100	x 12	1,200		
	100	x 12	1,200	Rs. 3,600	
Clerk-cum-Receiptionist:	150	x 12	1,800		
	165	x 12	1,980		
	180	x 12	2,100	Rs. 5,880	Rs. 20,430

PRINTING STATIONERY:

Progress cards etc.	3,000	
Photograph & Slides, 3000	3,000	
Stationery & Printing	1,000	
Miscellaneous & Contingency	2,570	9,570
		Rs. 30,000

YOU ARE WARNED . . .!!

Out of three thousand million people on the earth today, at least 10 million—650,000 of whom are children, live in Perpetual Darkness. They are blind. It has also been established that seven million of them i.e., 70% live in the rural areas of the world. Some Research Authorities believe that this is a gross underestimate and put the number of the World's blinds at more than 15 million.

In our country, according to the census of 1952, 4 lac blinds existed in Pakistan, which is another gross underestimate. According to a news item in 'DAWN' of 3-1-1960, in East Pakistan alone 30 thousand people go blind every year. On the authencity of a published Report, America . . . a country known for its advancement in Science and Medicine, has a blind population of 3,40,000 and the rate of incidence of blindness there is **500 a week**! On this hypothesis, Pakistan, where living conditions are almost sub-human, medical facilities practically none in rural areas and ignorance at the high pitch, resulting in unawareness of the great dangers of not detecting the eye Diseases in time resulting in total blindness, must be 'producing' a modest and conservative number of 48,000 blinds per year. As such, in 13 years since the 1952 Census, 6,24,000 must have joined the 4-Lac unfortunate group. This means, the present figure of the blinds in our country is well over 10,24,000. What a Colossal loss of man-power and what a serious threat to our socio-economic structure!

The invisible loss of about 224 Crores incurred due to loss of production and the cost of Rehabilitation without any mentionable Returns in respect of these 10,24,000 blinds is a serious aspect of the issue which is over-looked. At least 2/3rds of this could be saved if we consider the factual indication given by Miss Helen Keller who has repeatedly said that, **"Two thirds of the blindness which exist, has been estimated, results from conditions which, if necessary measures of treatment were available at the right time and in the right place, could be prevented or cured."**

A 2-year sample survey conducted at the Spencer's Eye Hospital, Karachi, has revealed, amongst other things, the following serious percentage of the causes of Blindness:

Mature Cataract	.. 69.21%
Small Pox	.. 28.81%
Corneal Ulcers	.. 28.57%
Conjuctivities	.. 10.17%

IT IS A SAD THING TO STATE THAT SUCH HEAVY TOLLS OF USEFUL HUMAN LIVES ARE TAKEN THROUGH DISEASES OF THE EYE WHICH ARE **PREVENTABLE** AS WELL AS **CURABLE.** WHAT THEN ARE THE CAUSES OF OUR FAILURE TO PROTECT THESE PRECIOUS LIVES WHEN THEY ARE WITHIN THE CRIPS OF PREVENTION?

The answer, to put it in short, is LACK OF EYE CONSCIOUSNESS in our people. One fails to understand the indifference of our masses, and even the intelligentia, in the matter of eye-ailments. It must be remembered all along that Eyes are not only the most precious part of our bodies, but that they are also the most delicate of the human organs. Some of its diseases, like GLAUCOMA, TRACHOMA, CONJUNCTIVITIS etc., are so subtle and sudden that BLINDNESS results in a matter of a couple of days, and sometimes, **in a matter of hours even.** A Collector's son in the undivided India lost sight of his both eyes for ever within 3 days of the attack of CONJUNCTIVITIS.

Strangely enough, even in enlightened circles, blindness is being associated with old-age and reacted to in an attitude as if it were just another physical disability like deafness and dumbness. It cannot, however, be gain-said that LOSS of SIGHT is, in effect, the termination of the purpose of a useful human life. Unlike other physical disabilities, blindness transgresses the orbit of Social pugnacious instincts of Man for an honourable existence. A blind person regards himself as an unwanted commodity in the life of others, and even to himself. No amount of rehabilitative occupations can fully reinstate him in life. Not so with a lame or deaf person. The sense of perception overcomes all other shortcomings.

As for blindness being associated with old age . . ., it is sheer ignorance . . . an intellectual figment. Decline of sight due to ageing process is a different matter. But loss of sight due to eye diseases is something which is possible to anyone at anytime irrespective of individual ages. In fact, youngsters are more prone to eye diseases because the demands

of their growth warrant several attentions at home and at the School, which unfortunately are not heeded to in the vast majority of cases.

An attack of fever and vomitting with an on-set of Diarrhoea will, and does make us hasten to the nearest Doctor thinking it may be cholera, but a pain in the eye accompanied by watering is self-attributed as a simple headache and we gulp down a few tablets of Aspro! At the most, we go to the physician who prescribes some sort of a mixture which provides a temporary relief. and that is the long and short of it. After a few days the symptoms reoccur and once again the physician repeats the dose. Little do we realize that it is a matter of EYES, and that it is not the physician, but the EYE SPECIALIST that we have to consult. There is a world of difference between the two. Both, for example, may be FRCS, but one of them has specialised himself in Eye Surgery and the other in General Surgery. The former cannot do minor physical operation and the latter cannot operate on Eyes. It is, therefore, no use just going to any doctor. He has to be **EYE SPECIALIST.**

The extent to which our apathy to Eye-ailments is indulged in, is reflected in the figures worked out by our vision Testers in the various schools of Karachi. Out of the total of 28, 410 students screened upto the end of December, 1966, 68.04% were found to be having various ailments, many falling within the category of Dangerous Symptoms. Out of 19,318 abnormal cases, as many as 26,374 i.e., 33.82% abnormal cases were referred for Refractions, that is, requiring to wear glasses! The remaining 12,944 were of Medical nature requiring further professional diagnosis and treatment.

During the Society's Vision Testing programmes at Schools, we came across numerous cases were young boys and girls could not even read what was being written on their black-boards! Asked as to how they ignored this inability so long, their reply, to our astonishment, was that they had complained to their parents, but were told that it was just a passing phase. In many cases due attention was not paid and the required visit to the Eye Hospital or Specialist was repeatedly postponed till it was ultimately forgotten or the worst had happened. In a few cases, however, the parents did take them . . . but to the Optician, who promptly sold them a pair of spectacles which gave them a temporary relief. Wrong spectacles damage eye sight.

What is all the more surprisingly disappointing is the fact that hardly 20% of the cases referred to the hospitals by the Vision Testers of our Society ever went for their treatment. It must be appreciated that a fuller examination by the Eye Specialist at the schools or at the Industrial premises is not practicable as the Specialists have to use instruments which cannot be carried along because of their size and delicate nature.

Now, this sort of attitude to the most precious part of the body, is nothing short of suicide . . . And that this type of criminal indifference should prevail even amongst our intelligentia is all the more distressing. This is our sad experience in an advanced city of Pakistan-Karachi. If this is the state of affairs here, one shudders to imagine what must be the conditions in the rural areas where even 1/10th of the Medical facilities available in cities, is denied to them.

The other disturbing factor was the prevalence of Squint Eyes in grown up students—particularly the girls. This abnormality of the eyes, besides being a serious threat to sight itself, confronts a socio-marital problem. The inferiority complex which results due to the cosmetic disfiguring of facial harmony proves to be a barrier in the case of otherwise marriageable girls. Many a mother have repented when their squinting daughters were passed over in matrimonial matters. If only such girls were attended to in their childhood, this agony of emotional suppression could have been averted as this abnormality is easily treatable at an early age, after which it has been known to lead to eventual blindness, because one eye having become non-functional, the other is over-taxed, and any injury or disease can close in chapter of sightedness. The presumption that the squint wi l improve itself with the passage of time is a grave misconception.

Simple precautions in the matter of eyes on the part of the parents and teachers can be greatly helpful to the child. It has commonly been noticed that youngsters try to observe the Solar Eclipse through smoked glasses. It must be noted that this is a very harmful practice even with the use of telescope, binocular etc. It can damage the eye sight completely. Similarly, the habit of reading or writing at a close distance should also be discouraged. The distance between the book and the eye should at least be 12 to 14 inches with light falling from behind. Likewise, reading in the sunshine is also to be avoided as the glaze

of the paper reflects the sun rays of high frequencies.

Lighting arrangements at home and at schools should be given their due importance, as also the unhygeinic conditions and practice of using common kerchiefs or Towels, and not cleaning the rubish.

All this points to just one prime necessity—the necessity of early DETECTION and effective PREVENTION through a systemized procedure and PROFESSIONAL advice from Eye Specialists.

It should be appreciated that one single Society cannot possibly screen out the whole lot of the students in Karachi who number over a lac. Nor is it possible to attend to the Industrial Labourers and the general public spread over vast areas in urban and Rural Sectors at prohibitive distances. Even if attempted, it would take years to complete one zone only.

It has, therefore, been decided by this Society to train the staff at Schools while the staff of the Society is engaged there in Vision Testing so that new admissions and subsequent Eye Tests are done by them and referred to any Eye Specialist. For this, parents, teachers and Social Workers who constitute the nucleus of our intelligentia must think seriously on constructive lines. This Society is embarking on an ambitious scheme of training representative groups from urban and rural areas in the simple technique of Vision Testing and First Aid in common Eye diseases. Suitable trainees, at the completion of their training which will last for not more than a week at an Eye Hospital, will be equipped with Vision Testing Boards and a First Aid Box with requisite medicines. This of course, would be FREE to the suitable trainee.

In the end we emphasise on the most URGENT and IMPORTANT NEED of APRISING ALL of the DANGERS of NEGLECT in the matter of EYE and its TRAGIC CONSEQUENCES.

The task of creating EYE CONSCIOUSNESS amongst the people both in Urban and Rural Areas is STUPENDOUS and cannot be performed by a single Society or Institution. For this there should be a large number of Institutions dedicated to the purpose and that too with the whole-hearted support of Social Workers including parents,

teachers and staff of the Industries working in different regions, exchanging notes of their individual experiences so that the benefits thereof can be derived by all the Institutions. This too should be backed by financial and moral support from Philanthropists, Governments both ours and those of the foreign well advanced and prosperous countries.

May God help us all to be of service to humanity in this noble cause to earn their blessings for OUR OWN SALVATION.

Ameen.

MOBILE EYE SERVICE

AND

FIRST AID FOR EYE DISEASES

THE SOCIETY FOR THE PREVENTION AND CURE OF BLINDNESS according to its MAIN AIM

PREVENTION AND CURE

is establishing

EYE CAMP HOSPITALS

once a year in rural areas and has so for established 11 Camps including 1 in Karachi but has not been able to touch even the fringe of the AIM. The Society establishes Eye Camp Hospital in rural areas once a year for a month with the co-operation of the Spencer's Eye Hospital of the Karachi Municipal Corporation and Local Authorities. While the Society provides the medical staff, their transport and boarding, free treatment including medicines as well as surgical procedure and free glasses to the patients at the Camp, the local authorities provide the accommodation and food for the patients, for which they have to spend about Rs. 10,000/- to 15,000/- on each Camp, whereas it costs to Society from Rs. 10,000 to 20 000/- All the eleven Camps rendered very useful services to the public of those areas. The activities of the Camps from 1959 to 1967 are as under:—

Camp No.	LOCATION	TIME	Cataract extration	Other Operations	Outdoor Patients		TOTAL	EXPENSES		TOTAL
					Eyes	Gen		Society Rs.	Local Authorities	
1	Thana Bhulla Khan	Dec. 1959	198	—	600	200	998	9001	10,000	19,001
2	—do—	Jan 1961	260	57	900	300	1517	12693	10,000	22,693
3	Dadu	Jan 1962	400	510	1500	500	2960	14380	10,000	24,390
4	Thatta	Jan 1963	368	170	1536	Nil*	2074	14340	10,000	24,340
5	—do—	Jan 1964	165	47	396	Nil*	608	11966	10,000	21,966
6	Hindu Bagh	July 1964	96	23	160	Nil*	279	6788	5,000	11,788
7	Nawabshah	Feb 1965	613	192	1809	—	2614	19389/20	15,000	34,389.00
8	—do—	Feb 1966	650	35	2184	—	2869	19233	12,000	31,233
9	Sanghar	—do—	185	15	635	—	835	4877	3,000	7,877
10	Karachi	Sept 1966	298	—	—	—	298	20713.06(a)	—	20,713.06
11	Dadu	March '67	358	45	1370	—	1773	9913.21	7500	14,413.21

*Because the Camps were in Civil Hospital.
** (260 from Karachi and 38 from Nawabshah total 298 operations)

(a) Including Rs. 9508.56 Amount spent on renovation.

PREVENTION COSTS LESS

2. **Helen Keller, the world's most famous blind citizen, has said, "one-tenth of the money we now spend to support unnecessary blindness were spent to prevent it, society would be the gainer in terms of cold economy, not to mention considerations of happiness of humanity."**

3. It has been estimated that in **England,** the cost of blind welfare services and relief payments is about £10,000,000 a year **but that the amount spent on research into eye diseases and the prevention of blindness is around £250,000 only, about £25 for every £1,000 i.e. 2-1/2%.**

4. **In the United States** the cost of blindness has been estimated at 350,000,000 dollars and expenditure on research 3,250,000 dollars a large figure **but only about 1 percent of bill for blindness.**

5. While the RESEARCH figure is only 1,600,000 dollars the American Women spent in 1954 6,000,000 dollars only on **LIPSTICK,** only one item of luxury.

6. TWO THIRDS OF THE BLINDNESS WHICH EXISTS, HAS BEEN ESTIMATED, RESULTS FROM CONDITIONS WHICH, IF THE NECESSARY MEASURES OR TREATMENT WERE AVAILABLE AT THE RIGHT TIME AND IN THE RIGHT PLACE, COULD BE PREVENTED OR CURED.

7. Pakistan, with a population of more than 90 million, with multifarious economic and special problems, illiteracy and poverty, had in 1952 more than 4,00,000 of people, totally blind who require care and rehabilitation and those who are partly blind, heading towards blindness, with **CATARCT** and **GLAUCOMA** requiring treatment and operations and other innumerable ordinary and serious infectious diseases, which required treatment and cure . . . In United States 500 persons go blind a week according to U.S.A. reports. In East Pakistan 30,000 alone go blind every year according to a news item in 'DAWN' of 3.1.1960. **Averagely every year 48,000 people go blind in Pakistan and as such, there must be 10,24,000 blinds in Pakistan in 1965.** Consequently, 6,82,666 Blinds (2/3rd of 10,24,000) could have been saved from the tortures which they face today if there was a net-work of Preventive Agencies all over the country split up at district levels. In

other words, a total of Rs. 149,23,09,333/- (Rs. 149 Crores. 23 Lacs 9 Thousand and 333) as stated above, could have been saved. However, in fact, very little is being done to rehabilitate the blind. Mostly they are rotting or looked after by their families and voluntary organizations.

8. The blind do not need pity but kindness. To give alms to the blind is not really a charity as it accustoms them to begging, a derogatory way of life. Those who are generously disposed to help them should direct their donations to such institutions and organizations as have undertaken the **PREVENTION** and **CURE** of blindness. Much better use of the donors money will be made to prevent people going blind and simultaneously beggary would be discouraged. In this all of us can co-operate successfully.

9. In order to

NIP THE MISCHIEF IN THE BUD

the Society has prepared the above Schemes. It is, however, to be noted that it is impossible for a single Society to carry out the schemes even to a small extent. It is, therefore, **very strongly suggested** that many more Societies should be formed and with mutual arrangement they should work in different regions fully co-operating and co-ordinating their activities exchanging notes of their experiences amongst themselves and making suggestions for better working of the noble service to humanity for the PLEASURE OF ALLAH.

10. These Societies should get co-operation of District Local Health and educational authorities. They should also get assistance of Red Cross, Lions, and Rotary Clubs, Foundations, Trusts, Philanthropists etc.

11. The idea of FIRST AID for EYE DISEASES was given by Lt. General S. M. A. Faruki, retired Director General of Health, Pakistan, who himself is an Eye-specialist. The General narrated an incident in undivided India during the old British time of one Mr. Anderson, Collector, who had an eye tragedy in his family. As a Collector, he was on touring duty to visit several villages of the district, surveying the situation. Since he had to camp for a couple of months

at a stretch, he some times carried his family with him. During one of his visits, **his son aged 10 years got swollen eyes and within a short time he became totally blind and was uncureable, because he could not get proper and timely treatment for prevention and cure.** On account of this tragedy, he paid special attention to arrange for prevention and cure in different remote places. He arranged to contact school-teachers and induced them to get some training to render first aid in common eye diseases. He provided them with first aid boxes with common harmless medicines, but useful for prevention and cure of some of the common eye diseases. The Teachers' duty was to try to see cases and give some common medicines in ordinary cases according to the training given to them, but in cases where they could not do so, they had to refer them to the nearest hospitals. Mr. Anderson also arranged to give them certain amount of honorarium. At that time, the Teachers used to get about Rs. 25/- as monthly salary and an honorarium of Rs. 10/- per month was a great inducement and help to them and they were encouraged to attend to this work.

12. Since it is not possible to establish Camps oftner in a year it is proposed to start

MOBILE EYE SERVICE

which can render throughout the year the services rendered by the Eye Camp Hospitals once for a month in a year and also can supervise and help the First Aid in Common Eye Diseases.

13. It is proposed to appoint a SURVEYOR who should go in advance with accredition letter from the Society and survey places in rural areas and make arrangements with Local Authorities and Social Workers so that the Mobile Unit can visit those places, attend to Out Patients for CATARACT and other Operations and train the Social Worker for rendering the First Aid in Common Eye diseases and Vision Testing.

The **Social worker** should be trained in:—

i) Structure of the eye and functions of its component parts.

ii) How to examine an eye and specially that of children.

iii) To know Common anamolies of the eye.

iv) To know common eye diseases and their detection.

v) To treat of cases of acute inflamation of the eyes.

vi) To remove small foreign bodies from the eyes by splashing water on the eye and bathing it and not to try to remove foreign bodies from eye by hand etc. This should be done only by trained Eye Doctor.

vii) Use of lotions, drops and ointments.

viii) Detection of Cataracts of different maturity and types and

ix) Care of eyes after Cataract Operation and giving trained help.

x) Use of Charts for examining visual acuity (Vision Test) and refer to nearest hospital cases of poor vision for refraction and cases requiring Medical treatment.

xii) Give First-Aid in cases of eye injuries.

The **Surveyor will ensure:**

a) That there is need for Medical treatment for Eye as well as extraction of Cataracts and other Operations.

b) That there is a Hospital, Dispensary or any suitable place for setting up an Operation Theatre, O.P.D. and storing medicines and stores.

c) That there is a suitable accommodation for patients to remain for 7 days after operation for Post Operative Care and treatment.

d) That food arrangement for patients is there.

e) That electricity is available.

f) That there are suitable arrangements for boarding and lodging

of the Mobile Staff, including doctors.

g) What publicity should be made and how.

h) What co-operation can be had from Red Cross, Lions & Rotary Clubs, Philanthropists, Social Workers and District and Local Authorities, and Urban Committees etc.

14. The Mobile Unit will on the day of arrival at the first surveyed station will do O. P. D. and admit patients for operation which will be done for next three days or more. The Unit will proceed on the fourth day to the 2nd surveyed station (not more than about 25 miles from the first station) leaving a trained Ward-boy to look after the operated cases and the Unit will daily pay one visit to examine the Operated Cases in the morning or evening. The Unit will repeat the programme of the first station at the second station and return to first station to carry out further operation, if any.

15. The Mobile Unit should also collect Statistics for causes of Blindness. The Mobile Unit as well as the Social Worker rendering the First-Aid should send to Karachi Office of the Society weekly reports in the prescribe forms and maintain Registers supplied by the Society.

INSTRUCTIONS FOR FIRST AID IN COMMON EYE DISEASES

PREVENTION IS BETTER THAN CURE:

Eye is the choicest gift of nature. A slight discomfort in the eye may seem to be unimportant to start with but can be the beginning of a serious disease in the eye. It is always advisable to bring even the most trivial complaint of the eye for the attention of the Eye Specialist. A first examination and treatment of the eye may be the **most** important one. So before it is too late always seek Eye Specialist's advice. Eye Specialists are available at most of the Government Hospitals in all the big cities and they give free service in the out Patient Department. Seek their advices whenever you need. Do not listen to the opinion of an unqualified person. A careless examination by an unqualified doctor may give you a false sense of security and serious disease may occur without you realising it.

Whenever there is any discomfort in the eyes either in reading a book or in doing close work you need to see an eye Specialist. An Optician shop might be able to test your vision free of cost and sell you a pair of glasses that you can see with, but they may not always be correct. Try and get a prescription of glasses from a qualified Eye Specialist.

COMMON EYE DISEASES NEEDING IMMEDIATE FIRST AID

COMMON EYE DISEASES:

1. **Injury to Eye by poking of fingers/blunt objects etc.** giving rise to red Eyes, black eye and perforation of eye ball.

SIGNS AND SYMPTOMS:

Pain and swelling of eye-lids and redness of the white parts of the eye-ball. **Black Eyes:**—due to injury—any direct—or indirect injury producing a bleeding in the eyes or within the lids or orbit—by blunt objects or sharp objects like scissors, knife, bow and arrow, needle etc. should all be taken as an Eye Emergency.

TREATMENT:

In such cases clean the eye from debris—by means of tap water—and cover the injured eye by a sterile Eye pad-guaze or clean Cotton wool—and **AT ONCE** take the patient to an Eye doctor—No time should be wasted, as it is an Emergency and immediate Eye specialist's attention is necessary.,

II. **Dust-Fly-Insect in the Eye:**

SIGNS AND SYMPTOMS:

Swelling—Pain—Blinking and watering of eyes.

TREATMENT:

Wash with clean cold water—don't rub the eyes—gently open and close eyes with an Eye-cup filled with in clean hands—splash water gently several times—then if relieved use Boro Adrenaline Eye Drops 2 thrice a day for 3 to 4 days, if no relief refer to Eye Centre immediately.

III. **Foreign Bodies:—in eyes. Dust particles—insects etc.** They may be anywhere within the eye especially underneath the upper lid where it may be lying hidden.

SIGNS AND SYMPTOMS:

Immediate pain and discomfort in the eye and profuse watering.

TREATMENT:

Go immediately to tap of water—take a handful of water after washing hands thoroughly and splash the water on the affected eye. Try to open and close the eye within the eye-cup filled with water. If no relief is obtained within 10 minutes, take the patients to any Eye Specialist, and apply Pennicilline in the affected eye meantime.

IV. **Impacted Foreign Bodies:**

They may be common in industrial workers and children. They get

stuck to the **Cornea** of the Eye.

SIGNS AND SYMPTOMS:

Pain and profuse watering—difficulty in opening the eye.

TREATMENT:

Don't Rub it or let any one touch it—you can try washing the eye with an eye-cup filled with water—repeatedly. If no relief is obtained it is an **EMERGENCY.** Don't go to an unqualified person. Immediately go to any Eye Department of a Hospital whatever the time of day or night. They are open 24 hours. Go to casualty Department of a Hospital and ask for an eye House Surgeon or Resident Eye doctor on duty. Only he should be allowed to remove it. It is most important to note that untrained personnel—even a medical officer without eye training is not ideal person to handle an impacted Foreign body within the eye.

But in rural areas where trained eye doctors are not available, go to the District Head Quarters Dispensary and let the qualified doctor handle it. If no relief is obtained within 24 hours—the patient must be transferred to the city for consulting **Eye Specialist. Even hours count** because any infection or an ulcer—once formed on the Cornea will badly affect the sight and leave a permanent scar. It is, therefore, important that such a stage should not be allowed to occur.

v. **Intraocular (foreign bodies):**

Air-gun accidents with playing children is common occurance and a very sad one too. In most cases, eye ball is injured—even when slightly damaged—it **CAN** damage the whole eye. A correct diagnosis can only be made by an **Eye Specialist** or at any Government hospital where immediate X-ray facilities are available for 24 hours.

TREATMENT:

For rural areas, it is advisable that the patient must be given First-Aid by application of Pennicilline Eye Ointment with a sterile eye pad and bandage and immediately transferred to the nearest City where a qualified Eye Surgeon is available.

VI. **Insect Bite on eye-lids;**

SIGNS AND SYMPTOMS:

Swelling—redness—pain and closure of eye-redness inside.

TREATMENT:

Wash with clean hand and cold water—use Boro Adrenaline Eye drops 2 thrice a day for 3 to 4 days.

VII. **Discharging Eye (Conjunctivitis):**

SIGNS AND SYMPTOMS:

Pain and irritation in eyes, lids margins may be swollen and discharge of mucus—pus may be stuck to lid margins.

TREATMENT:

Wash them daily for 4 to 5 days—use Albucid 10% or Sulphacetrimide drops—2 drops thrice daily. If not cured send for examination at an Eye Hospital. Pennicilline Eye Ointment may be applied temporarily till the doctor is consulted, which should be done **IMMEDIATELY.**

VIII. **LIQUIDS-IRRITANTS Splashed into Eyes:**

TREATMENT:

It may be common household Liquids—harmless or harmful. Immediately wash the eye with profuse amount of tap water, or weak Boric lotion or weak Sodabicarbonate lotion—1/10,000. If no relief is obtained, or eyes become excessively red—then take the patient to an Eye doctor at once.

IX. **LIME BURN:**

Children play in the house and accidentally put the lime scratched from walls into their eyes. There may be workmen on white-washing,

who may get lime powder into eyes. **It is most dangerous substance to be left within the eye for any length of time.** This substance quickly gets absorbed in the eye and produces Scar-tissue formation and opacities on cornea the transparent mirror of the eye and may even result in total loss of eye, if neglected.

It should never be allowed to happen, because—once scarring occurs, it affects the sight permanently.

SIGNS AND SYMPTOMS:

Eyes are very irritable, painful and watering. There is great difficulty in opening the eyes.

TREATMENT:

Profusely wash the eyes with tap water which will help to remove the loose pieces. In the case of children, Eyes may be forcibly opened with both hands and a third person may be asked to remove very carefully the loose and impacted pieces of lime, piece by pieces with wet cotton wool. If any pieces are difficult to be removed, or cannot be easly removed then the patient should be immediately taken to Eye doctor irrespective of the hour. No time should be **lost.** Immediate attention by Eye Specialist is a **MUST** in all cases of lime burn to the eye. Meanwhile, Penicilline Eye Ointment is applied to the affected eye.

A FIRST-AID BOX:

Following contents are suggested:

i)	Sterile Cotton wool	6 oz
ii)	,, ,, guaze	6 oz
iii)	,, Bandages 3"	6
iv)	,, Eye Pads	12
v)	,, Cup	1

vi) 4 oz bottle with cetavelon liquid for cleaning abrasions and wounds of eye-regions (external use only).

vii) One bottle of Albucid 10% drops in dropper bottle or Sulphacetamide Eye-drops 10%.

viii) One bottle of Boro Adrenaline Eye drops.

ix) One Tube of Pencilline Eye Ointment.

x) Atropine 1% Eye Drops 1/2 oz.

xi) A set of vision Testing Charts.

xii) Guide for Social Workers and Teachers.

xiii) A register (suitably ruled) giving particulars of the patients seen and treated, kind of treatment result and disposal. Another register giving details of patients referred to hospital. Both the Registers should be maintained by the Social Worker.

xiv) Weekly Reports (as per form) should be posted to the office of Society every Monday.

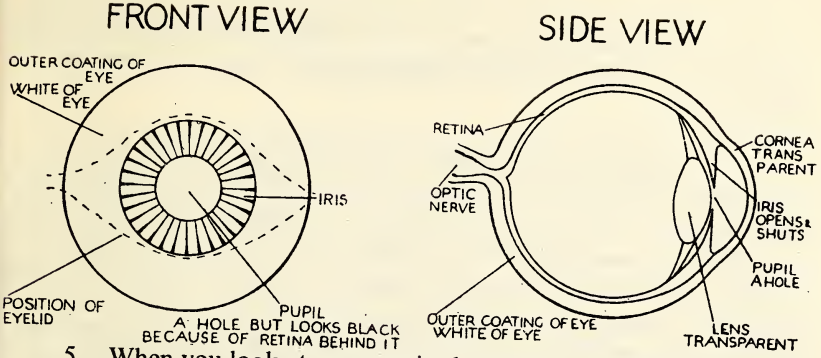
PROCEDURE OF VISION TESTING

1. The ideal goal is a complete, competent and professional eye examination for every child annually, before entering school, and at stated strategic intervals during school life also. Until this practice becomes universal, eye screening programmes during pre-school years are necessary to locate children who may be in need of care, so that they can be directed towards adequate professional attention. Statistics, worked on the basis of findings in various schools indicate that 68.04% of them have some eye difficulty or other and are in need of professional care.

2. Most learning is acquired through the sense of sight. If a pupil has poor vision, and this fact is not found out, the difficulty affects his entire adjustment in school.

3. Now, coming to the actual procedure of vision testing, at the very outset it must be clearly understood that it is neither a diagnostic, process, nor an independent branch of medical science. Also, it is certainly not a replacement for a complete eye-check by an Eye-specialist. It is merely a process whereby certain visual capabilities and vitalities are put to a standardized test of an elementary character. If an examine, fails to come up to the required standards, and some symptoms appear to be present, it significes that the case needs medical care of an Eye-specialist for proper diagnosis and treatment. Vision-testing, therefore, is not a profession which can capitalized on.

4. Having understood the character of vision-testing, the vision testers must tune up themselves with a spirit of Social Service and engage themselves in their work which aims at locating such visual trends as may lead to serious complications and development if left undetected. For this purpose, certain amount of training is essential, coupled with an elementary knowledge of the constitution of the human eye.



5. When you look at your eye in the mirror, you will see that there is a round window in the centre. This is called the CORNEA, and through it you can see the coloured IRIS with a black spot at its centre. This spot is really a hole—the PUPIL, through which light enters the eye. This PUPIL frequently changes its size, becoming small in bright light and large in dim light, because, the IRIS around it contracts and expands. Behind the IRIS lies the LENS. It is in fact so close to the iris that the edge of the iris rests on it. You cannot see the LENS in your eye, because, it is clear like a glass. In fact, the eye 'sees' in the same way as a camera takes a picture. In both, there is a lens, a focussing apparatus (which makes the picture clear) and a sensitive surface on which the light records the picture. The main difference is that, whereas in a camera the focussing is done by moving the lens nearer to, or further from the film, in the eye, the same effect is obtained by muscles working on the lens to make it thicker or thinner.

6. And there is a further likeness between the eye and a camera. In the same way as film has to be developed and printed, so a picture of the outside world is not really 'seen' until what goes on in the eye reaches the brain. This is the work of the OPTIC NERVE running out of the back of the eye into the brain. Messages go along it in the same way as a telegram is sent along the telegraph wires from one Telegraph Office to another.

7. It is important to understand the way in which the eye functions, because, only then can one understand what is likely to go wrong with it. Here again, comparison with a camera can be helpful. If in a camera the lens is dusty, or the focussing mechanism has gone wrong or the film is too old or damaged, a clear picture cannot be taken. So also

in the eye, if the lens clouds over, or the focussing muscles do not work properly, or the RETINA is damaged, vision will correspondingly be affected.

8. Having grasped the basic structure of the eyes whose acuity is to be tested, the question arises as to how well should be person see? This is a vexed question and cannot be answered in the same words for all age-groups. However, the consensus of opinion on this point would be that one should see well enough to attend to his or her human needs and occupational requirements. For this purpose, experts have devised and standardized vision charts with alphabets of certain sizes numbered technically to denote the clarity of vision at a given distance from the eyes.

9. While a patient's vision is being tested, the vision-tester should watch his behaviour closely. Frequent blinking, straining of eyes, tilting of the head on either side are important gestures that should be noted down for a fuller assessment by the Eye-specialist.

10. It must be appreciated by the vision-testers that each referral by him to an eye hospital or an Eye-specialist means a certain amount of money to be spent by him or his or her parents. When a child is needlessly referred, his parents may be required to spend money uselessly and (of great importance), they may judge the entire screening programme as questionable. On the other hand, children who do need eye-care should not be overlooked.

11. All children who are having reading difficulties, who are experiencing scholastic failures, who are suspected of being mentally retarded, and those who have cerebral palsy. should have thorough professional eye examinations including in their physical, mental and emotional evaluation. No Vision-screening procedure, regardless of how complicated or expensive, can be a substitute for a complete professional eye examination.

12. It has been found that teachers or office staff of Industries and Social Workers, who are carefully trained can screen with equally reliable results. As such, in schools well selected volunteers who are willing to be initiated with vision testing procedure, can carry out the screening programme with meticulous and praiseworthy skill. Adequate

training and a thorough understanding of the tests are needed by all persons who conduct them.

DISTANCE TEST

1. A quiet area should be selected for testing distance visual acquity with the Snellen's Chart. The room where vision-testing is to be carried out must be dark, so that no reflected light from outside enters the room. The distance chart must be illuminated by a goose-neck table lamp. The chart must now be fastened securely so that the top line of the Chart is in level with the eyes when the person is seated at a prescribed distance of 6 metres (approximately 20 feet). Shadows and glare in the field of vision should be eliminated. Care should be taken in measuring the distance and marking the exact spot where the person is to be seated.

2. Having arranged the room and the chart, and noted down the name, age, and sex on the case-sheet of the person, the left eye is covered gently with an ocluder or any other opaque disc, so that the patient reads with only the right eye. The Snellen's Test Type Chart is as under:

LETTER CHART

E	..	**60**
B T	..	**36**
D L N	..	**24**
P T E R	..	**18**
F Z B D E	..	**12**
O E L Z T G	..	**9**
L P O R F D Z	..	**6**

(Differente sizes of alphabets are in actual chart).

3. Supposing the patient can read upto PTER with right-eye, the Vision Tester will note the right eye reading as VR—6/18, 'V' stands for Visual acuity and 'R' or 'L' denote Right or Left respectively. The '6' in both the cases is a common factor indicating the standard distance of 6 metres (approximately 20 feet), 18 stands for PTER. This would mean that the patient can read upto PTER with his right eye from the distance of 20 feet.

4. Now, covering up the right eye as previously, the patient should be made to read the chart from 'E' downwards. If now, he can read upto, say, BT with his left eye, the noting when would be VL-6/36. The final reading for both the eyes will thus be:

VR—6/18, VL—6/36

5. If the person is already using glasses, the same procedure should be gone through WITH THE GLASSES ON, and this must be mentioned alongside his final reading.

6. The visual No. 6 last line of the chart—LPORFDZ) is considered normal. Such cases may not be referred for Refraction unless they are Squints (Cross-eyed) or complain of constant headaches and watering of eyes and/or complain of any of the questions listed on the case-sheet. All other cases above 6/9 must be referred for Refraction and examination by an eye doctor who will prescribe the necessary glasses and/or medical treatment, as the case may be. It must be borne in mind that such problems as crossed eyes (referred above) can lead to ultimate loss of vision in the affected eye if not detected and treated by the age of six.

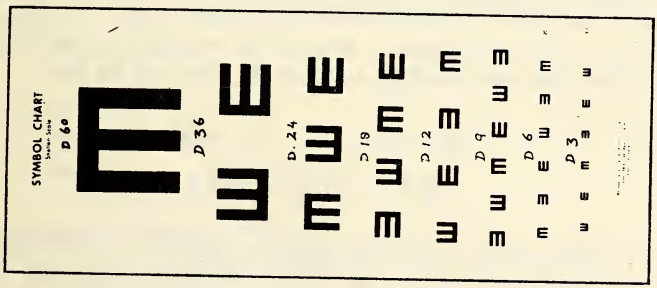
'E' CHART TEST

PRE-SCHOOL NURSERY CHILDREN AND ILLITERATE PERSONS

A young child in school, however, who truly needs, should wear them continously. This is especially true of the nearsighted child and young adult. In our experience, no nearsighted child has ever needed the embarassment of bifocals; he only needs the discipline of wearing his glasses from walking up time to go-to-sleep time. A nearsighted individual either maintains the same degree of nearsightedness, or because more nearsighted. A farsighted individual either remains the same, or becomes less farsighted.

There are many mothers who do not realize that a baby's eyes can be examined. Their conservation includes the statement: "If the baby can't read the chart, how can the doctor examine?" The reading of charts and letters is supplementary to the actual eye examination, where the pro-

fessional eye man uses Retinoscope, an instrument which gives all the necessary findings. The fallacy, therefore, is that the reading of charts, letters, numbers and what not, is essential for glasses. The important thing is that every child, no matter what its age, should have a careful eye examination if it gives evidence of not being able to see, runs into things, or is awkward in walking. And certainly, a careful eye examination is a MUST before school days start.



1. In the case of the above, 'E' chart is employed in the same manner as the alphabetical distance chart. While the literates can read and comment the illiterates and the non-reading children will have to be asked as to what direction the arms of the figure (12) are pointing.

2. Since pre-school children are prone to be shy and obstinate, it is considered necessary to provide them with a cut-out 'E' pasted on a thick cardboard. While he toys with it. he can be asked to hold the 'E' in his hands in a position identical to the one being exposed on the distance-chart through a cut-window.—(12).

3. To acquaint young children effectively, a large sample (12) letter 'E' may be used, turning it in various positions, explaining to them how to indicate the directions of the Shafts (arms) of the figure 'E'. This should be repeated, using the chart at 5 feet distance—preliminary to the actual test. This instructive briefing can be taught in groups.

4. It has been found that 'E' Chart tests impact a game-like atmosphere to the kids and, as a result, they concentrate genuinely to prove their intelligence'. Conversely, a child hesitates in reading the disarranged alphabets for fear of reading them wrong.

5. Supposing that the patient can read upto letter E of No. 18 line with, right-eye, the Vision Tester will note the right eye reading as VR—6/18, 'V' stands for Visual acuity and 'R' or 'L' denote Right or Left respectively. The '6' in both the cases is a common factor indicating the standard distance of 6 metres (approximately 20 feet). This would mean that the patient can read upto E—18 with his right eye from the distance of 20 feet.

6. Now, covering up the right eye as previously, the patient should be made to indicate the positions of 'E' from the top. If now, he can indicate upto, say, to the line 36 with his left eye, the noting then would be VL—6/36. The final reading for both the eyes will be thus:

VR—6/18, VL—6/36

NEAR VISION TEST

1. Visual acuity of persons at close quarters, i.e., at reading distances is tested with the patient holding a given chart with different type specifications at a comfortable distance (12 to 14 inches from the eyes) with light focussed from behind the right side. He is then asked to read first with Right-eye and then the Left, as with the distance-chart from the Smallest type on the chart upwards. If he can read out the smallest type at the bottom without any strain on any of the eyes and without moving the chart abnormally away or too close to the eyes, his eyes are then considered normal and noted down as such. If, on the other hand, he cannot do so, the code number of the type on the line which he can comfortably read should be noted down for referral to the Eye Doctor. Supposing the smallest type of he or she can read with the Right-eye is Para (6), the reading would be:

NR—10

And if he or she is able to read Para (2) only with his/her Left eye, the noting would be:

NL—18 (a)

The final reading, thus, would be:

NR—10, NL—18 (a)

2. Illiterate women should be asked to put the thread through the needle-eye, and on their failure, this must be mentioned on their case-sheet.

GENERAL

3. The vision-tester, preferably a person who can talk jovially and handle children cordially into confidence, should make an effort to find out if they have any, or some of the following symptom. All those symptoms, which he watches, or is able to ascertain during the distance and Near-Vision tests, should accordingly be ticked on the individual cases sheet.

1. Head ache.
2. Half Head aches.
3. Nausea.
4. Soreness of Eyes.
5. Frequent Blinking of Eyes.
6. Rubs Eyes frequently (Itching).
7. Watering of Eyes.
8. Redness of Eyes.
9. Holds book close to Face.
10. Holds reading material too far.
11. Screws up Face.
12. Sudden darkness.
13. Light Flashes—sensitivity to light.
14. Blurred vision.
15. Diziness.
16. Makes frequent change in the distance at which the book is held.
17. Shuts or covers one eye.
18. Tilts head to one side.
19. Tends to look cross-eyed.
20. Sees many colours around light.
21. Confuses the following in reading:—
    O's and a's, e's and C's, n's and m's, L's and R's, r's and f's, and f's and s.

4. It has been experienced that young boys and girls react very unfavourably to Vision Tests. The reason for this seems to be more psychological than anything else. It is, therefore, essential that the

person handling such obstinate and shy subjects, should be of a mature age with a knack of becoming friendly with them and making the test memorable experience to tell to their parents and friends.

EYE TESTING CHART (Near Vision)

N 18

By the time a child is 3 or 4 years old, his vision should have been tested. Regular eye examinations are a MUST for all, even children.

N 18 (a)
N 14

3. An alarming percentage of 62 to 84% school children were sent to Hospital for Refraction, Medical treatment and/or Squint correction instead of expected 15%. Labourers' vision was still worse.

N 12

While in an advanced city like Karachi, the condition of school children (and labourers) is so alarming, as stated above, one shudders to think as to what must be the condition of children and labourers (farmers) in rural areas.

N 12 (a)

Squint (Crosses Eyes): The greatest field of sight conservation is the detection of eye defect among the young children. During the period the child is in the school, his/her eyes are changing most rapidly and the earlier the defects are found the easier they are to correct. The treatment of Squint Eyes should be started as soon as possible even before one year. The child may lose vision in the Squint eye. Such vision is **rearly regained** if treatment is started after 11 years. It is necessary to mention that a person with a squint is also a social problem. So many mothers weep bitter tears because their squinting daughters have been passed over in preference to their normal sisters and eventually these poor girls may for ever be left on the shelf.

N 10

One wonders to think how many potential Jinnahs, Iqbals, Roomies, Scientists, Engineers, Architects and Artists are lost to our nation through inattention and apathy in the field of 'Preventive' measures, resulting in loss of sight. To be more explicit, it may be posed as to what would be the parental line of action if they have a son who is totally blind, and another one develops GLAUCOMA? While in the case of one, they have already resigned to Fate and accept him as a liability, the other one traps all their attention and financial resources, so that he can remain an asset to them, to their family, to their community, to the Society and to the nation. This necessary bifurcation of attitude to one's own flesh and blood indicates clearly that PREVENTION is the only weapon to attack and tackle the disease in good time so that the family's future is not burdened with a fresh case of rehabilitation.

N 8

There is far more depth in the problem of blindness than mere economic calculations and tabular mathematics. For example; we all know the Divine heights of the joy a mother feels when she sees her tiny little first-born. She forgets her physical tortures in the process. She forgets all her worries, and tears of ecstacy trickle down her cheeks when she kisses her child . . . recognises the resemblance in its nose of its father, in its eyes of her own charm. But what happens to a blind mother? The joys of motherhood, the optical sensations of maternal love, the visual pleasure of the child at her breast . . . all these are pathetically denied to her. If only that GLAUCOMA was detected in time . . . but, alas! can any amount of money spent on her rehabilitation give her back the wealth of her sight which she has lost?

N 6

It cannot be repeated too often that the cost of preventive services is only a fraction of the amount that could be saved by reducing the burden which the blind inevitably present for any country's economy. Two-thirds of the Blindness which exists, has been estimated, results from conditions which, if the necessary measures or treatment were available at the right time and in the right place, could be pre-

vented or cured.

N 4

It would not be amiss to cite America's case. On the authenticity of a published Report, America has a blind population of 3,40,000 in its overall populace of 17 crores. In a country known for its advancement in Medicine and Science, the rate of incidence of blindness, according to the same report is 500 a week! On the hypothesis of this authoritative data, Pakistan must be 'producing' more than 48,000 blinds per annum from 9 crores population. This would mean, since the census which showed that Pakistan had 4 000,000 blinds was taken in 1952 and as such by now (1966) this figure must have gone upto 10,24,000 in 13 years, that in the next five years there would be an addition of 2,40,000 to the existing 10,24,000 blinds taking the figure to 12.64,000. This indeed, is a shocking situation and deserves the attention of the National and International Bodies working in this field. The Blinds all over the world represent the Past. They are unfortunately a human commodity beyond redemption. Their pathetic faces should open our sighted eyes to what is in store for us if we too failed to take a lesson from their tragedies.

(Different sizes of alphabets are in actual chart).

CARE OF GLASSES

WHY

Fingerprints, dust, rain and other things leave their marks on glasses, and make it difficult to see clearly.

HOW

In cleaning eyeglasses, hold the rim of the lens you are cleaning between the thumb and first finger; do not hold the center-piece or opposite lens.

Use a soft, absorbent cloth and occasionally scrub the entire pair of glasses in hot, soapy water.

WHEN

Make a practice of washing glasses well every morning and as many times during the day as needed.

REMEMBER

When not in use, keep glasses in a safe place.

Lenses that are chipped or scratched should be replaced. This is essential in order to give you clear vision.

Frequent adjustments of frames are necessary. This prolongs the usefulness of your glasses and adds to your comfort.

Your glasses have been adjusted to your features. Never permit another person to try them on, because it may throw them out of alignment.

A WORD TO THE WISE

The frequency with which lenses should be changed depends upon individual conditions. At the first sign of eye discomfort or change of vision, arrange immediately for an adequate eye examination. Whether there seems to be need for one or not, you should have an eye examination by an eye doctor every two years.

Do not lay your glasses down with the lenses facing downward. Lenses are highly polished and become scratched easily.

(Reproduced with permission of the New York State Commission for the Blind and Visually Handicapped, 15 Park Row, New York, USA).

POST OPERATIVE INSTRUCTIONS

FOR

CATARACT PATIENTS

1. A Cataract operated patient needs at least 6 weeks rest after operation, during which period he/she should convalesce at home.

2. He should understand that certain postures and activities are **strictly forbidden:**

i) Rubbing of operated eye.

ii) Lifting of heavy weights, buckets of water etc. or any action which involves nervous or muscular strain.

iii) Bending forwards for tying shoe laces, offering 'Namaz' or for any other purpose. (Namaz can be prayed by signs without bending by sitting or lying down) for at least 6 weeks.

iv) Looking at bright lights, he should preferably use dark glasses even at night.

v) Use of excessively spied or oily food stuff likely to cause gastic upsets or vomiting etc.

3. Normal getting up and sitting down activities should be restricted to minimum. Relaxation in bed or on an easy chair is to be preferred than lying down all the time.

4. Some walking in the house or garden and looking at grass and greenery should be done.

5. Start using temporary glasses given after operation for 6 weeks then get eye test by a qualified doctor and use glasses prescribed by him.

6. **Use of Medicines Post operatively:**

A clear instruction as regards to use of any specific drops for

eyes, ointments of tablets should be taken from the doctor who has operated upon the eye.

7. After the discharge from the Hospital following treatment should be taken:

i) Borozinc eye lotion to be used twice daily 2 drops each time for 2 weeks and then got re-examined by the Doctor who has operated.

ii) A small quantity of 1% Atropine Eye Ointment to be used twice daily in operated eye for 2 weeks.

iii) Chloromycetine ointment or Hydrocortisone ointment should be used twice daily in operated eye as directed for 2 weeks.

8. Instructions for some one for putting the Eye drops are as under:

i) Pull the lower lid out to from a 'pouch'.

ii) Hold dropper upright, I inch from the eye.

iii) Squeeze the bulb until 1 or 2 drops fall into the eye.

iv) Close the eye for a moment and then blink rapidly several times.

CAUTION: Do not let the dropper touch the eye.

9. Instructions for some one putting the Eye Ointment are as under:

i) Pull the lower lid down to expose the inside.

ii) Hold the tube nozzle 1/2 inch from the eyelid.

iii) Squeeze the tube and lay some ointment right across the eyelid.

iv) Close the eye for a moment and then blink rapidly several times.

CAUTION: Do not let the nozzle of the tube touch the eye.

Medicines for Cataract Operated Patients:

i) Brozinc-lotions-zi one drahm.

ii) Sulphathlazole Ointment-zi one drahm.

iii) Chloromycetine Hydrocortisone.

iv) Atropine Sulph.-Ointment 1%.

Glaucoma Pilocarpine Nitrate Eye drops.
Daramide tab. (M.S.D.) or Diamox tab. for rare case.

Ulcer: Atropine ointment and Chloromycetine ointment 1% tube.

EYE HEALTH TRAINING SCHEME FOR TEACHERS, AND SOCIAL WORKERS

1. Of all the innumerable gifts of God to His creatures, EYES, are definitely the choicest and the most precious part of the human anotomy. Imagine a child blinded by GLUCOMA just when he is on the threshold of his educational career. His entire life becomes a perpetual dark nothingness. The loving faces of his mother, father, and his other brothers and sisters just lose their meaning to him. In short, life itself means nothing more than a series of sounds and sensations to him, and these too remind him all the time of what others enjoy and what he is tragically denied. For him life is one painful march from the living darkness of the world to the other dead darkness of the grave.

2. One shudders to think how many potential Jinnahs, Iqbals, Roomies, Scientists, Engineers, Architects, Artists etc. are lost to our nation, through inattention and apathy in the field of 'Prevention and Cure' measures resulting in the loss of sight. According to the census of 1952, the population of blinds in Pakistan was 4,00,000. In the absence of any recorded data since then, if we calculate on the basis of American figures, we come, quite logically to an alarming conclusion. On the authenticity of a Published Report, America . . .a country known for its advancement in Science and Medicines, has a blind population of 3,40,000 in its overall populace of 17 crores. According to the same Report, 500 go blind every week! On the hypothesis of this, Pakistan, where living conditions are almost sub-human, must be 'producing' 48,000 blinds per year. According to a news item in "Dawn" of 3-1-1960, 30,000 persons go blind in East Pakistan every year and as such our estimate of 48,000 persons going blind in whole Pakistan is an under-estimate. In 13 years, since the 1952 census, 6,24,000 must have joined this unfortunate group, taking the toll of 10,24,000. This, indeed, is a shocking situation and calls for the urgent attention of National and International Bodies working in this field. So far the figure of only 4 Lac blinds in Pakistan has been playing on the minds of the public, which is, no doubt, a gross under-estimate. The fact, however, is that the figure of blinds has actually gone up by about 3 times, and unless it is checked by PREVENTION AND CURE, it is bound to assume as still greater alarming position.

The seriousness of these authentic figures warrants the urgent necessity of 'PREVENTION', as this is the only weapon to attack and tackle this dreadful curse in good time so that the family's future is not burdened with a case of unproductive human life and a source of heart burning. What applies to one family-unit, applies a thousand-fold to the world at large. For, what is 'family', if not a miniature world.

4. Imagine again a woman in the prime of her youth falling a victim to this demon of blindness. The divine heights of joy that a woman feels at her first motherhood of her first tiny little first-born are too ethereal for description. She forgets the near-death physical tortures in the process. She forgets all her worries, and tears of indescribable ecstacy trickle down her cheeks when she gathers the sweet lump of bone and flesh and kisses her child . . . sees and recognises the familial resemblance in its nose of its father, in its eyes of her own charm. BUT WHAT HAPPENS TO HER IF SHE HAS BEEN BLINDED in the prime of her womanhood? Can her mental anguish and suppression of her maternal instincts and cravings be ever expressed in words.

5. The heavenly joys of motherhood . . . the optical sensation of maternal love and pride . . . the visual pleasures of the child at her breasts . . . all these sweet purities are pathetically denied to her. Can any amount of sympathy give her back what she has lost? The answer would be a subdued 'No', and in this 'No' lies the crux of the problem. can such tragedies be **prevented?**

6. Fortunately, the answer, this time, is a bold and define 'YES'.

7. According to Miss Helen Keller, the world-renowned blind citizens. **"Two thirds of the blindness which exists, results from conditions which, if the necessary measures or treatment were available at the right time and in the right place, could be prevented or cured."**

8. In these words, coming from the lips of a blind genius, with an under tone of an inexpressible agony, lies the solace to Man's conscience . . . that there IS something which could be done by the Public spirited Social Workers to SAVE its human assets from the ever-expanding clutches of this scourge.

9. The Society for the Prevention and Cure of Blindness, Karachi-5

with its record of appreciations at Home and Abroad for its voluntary services in the Preventive field for the last 7 years, is now embarking on an ambitious Scheme of training Social Workers, and Teachers in Eye Testing and First Aid in common Eye Diseases. This Scheme aims at mobilizing the intelligentia in the struggle against general apathy to the most important and essential physical pre-requisite for an honourable existence—THE EYES . . . and yet the most ignored one, the seriousness of which is lamented over only when it shoots up its head in the form of an ugly reality . . . BLINDNESS, when it is too late to retrieve the grandeur of a meaningful existence on earth.

10. It must be appreciated that it would not be possible for one PREVENTIVE Society to cope with the size of work through its paid staff. With so many schools, and localities spread over long distances specially to reach Rural Areas, it would be well nigh impracticable without the willing co-operation of School teachers, and Social Workers.

11. Accordingly, arrangements have been made to train such educated and Social-minded persons including teachers as are willing to contribute their share of human obligation to their own profession, own families and their own communities, in their Schools, and in their localities. The course of training for Teachers in Vision Testing will be of a couple of hours and for First Aid in Common Eye Diseases. Lasting about one week (daily 2 hours in an Eye Hospital) will comprise of the following elementaries:

Use of different Charts for Eye Vision Tests.

i) The Structure of the eye and functions of its component parts.

ii) Signs and Symptoms of common minor eye diseases, injuries and their First Aid treatment.

iv) Precautions to be taken when foreign bodies go in the eyes.

v) The use and administration of different eye drops and ointments.

12. At the successful completion of this 1-week course, the trainees

Social Workers will be given Identity Cards by the Eye-specialist of the Society. A certain number of suitable trainees will each receive a complete First Aid Box with necessary common but very useful medicines and requirements. along with a complete set of vision testing Charts and equipments and stationery together with complete instructions for **Vision Testing** and rendering of **First Aid in common Eye Diseases.**

13. This Scheme is aimed to extend PREVENTION AND CURE Service at Schools, and localities where a preliminary Eye-test must form an essential routine requirement at the time of admissions or recruitments and periodical check ups. Any contagious eye disease, if detected early, will save the other children or Teachers themselves from being infected and other diseases can be treated and cured in time to PREVENTION BLINDNESS.

14. Another social advantage of this scheme is that this service can reach the rural areas where the dearth of doctors and other medical facilities are responsible for serious development of minor eye ailments resulting into total blindness. Selected Social Workers and Teachers from rural areas would be doing a very important national service if they take advantage of this Scheme and come forward in large numbers from rural areas.

POST TRAINING ACTIVITIES

15. After the trainees have been trained and equipped with necessary essentials, they will put into practice the knowledge they have gained by testing the vision of the children in their Schools, if they are teachers, and the others would do well to find some time for once a week to locate such cases in their communities and localities and after giving them First Aid and having their vision tested, they should refer such cases to the Society's Clinics or to any Eye Specialist or Eye Hospital without delay.

16. For this purpose, the trained persons will have to fill in prescribed forms (in duplicate) which will be supplied by the Society. A weekly report of their activities in the school, or locality, in this regard must regularly be sent to the Society's office together with the duplicate forms. A register (suitably ruled) giving particulars of the patients seen and treated, kind of treatment, result and disposal. Another

Register giving details of patients referred to Hospital. Both the Registers should be maintained by the Social Workers.

Weekly Reports (as per form) should be posted to the office of the Society every Monday.

SOMETHING TO EMULATE

17. In America and other advanced countries with a living National spirit, many hundreds of Volunteers (Social Workers) have been willing to devote their time and energy to this work. No words can express the gratitude with the Preventive Societies in these countries feel towards these tireless and devoted persons. Without them successful screening programmes could never have been developed. Of far greater significance, however, is the care that children have received in the matter of eyes.

18. In Pakistan, too, the educated and cultural class of persons can be of great source of inspiration to others if they could also dedicate a fraction of their social activities to this humanitarian task.

19. All Social-minded and public-spirited ladies and gentlemen are requested to write to us at the following address:

The Society for the Prevention and Cure of Blindness,
363, Sirajudaula Road,
Bahadurabad Housing Society,
Karachi-5.

OLD-AGE SIGHT

by

M. D. BENTLEY, M.D.

I am about to describe a condition that will affect 100 per cent of the world population, provided they live long enough. It is an infirmity that knows no rank. Given enough years, generals, privates, kings, paupers, become afflicted. It is a disease that knows no racial immunity. It is worrisome, troubling, annoying, often crippling to the emotions and the mechanical functions of the human body. It comes on during the period of life when the stress and strain of everyday living are intensified and magnified.

The name of this condition, as some of you will have guessed from the title, is presbyopia. Literally this word means 'old eyes'. Onset of this condition almost always occurs close to the age of fifty.

People fear most what they understand least. In order to understand presbyopia, it is necessary to know a little of the anatomy of the wondrous organ of sight.

Inside the eyeball behind the iris, the coloured part of the eye, is a magnifying structure about the size of an aspirin tablet called the lens. Incidentally, this is where cataracts develop.

In the back part of the eye is a thin film of tissue contraining the millions of small cells and nerves that transmit vision to the brain called the retina.

For clear vision, the little magnifying glass, the lens, must bring the image to focus prrecisely on the retina. If it is off focus, the image is blurred. The ability to see a distant object, then change fixation to a near object is done by internal muscles of the eyes. The muscles have the ability to change the thickness of the lens, making it a stronger or weaker magnifier. This process is called accommodation.

In people under forty, the lens is soft and elastic, and lends itself to change in shape with little effort on the part of the internal muscles of the eye. After the age of forty the lens begin to lose some of its elasticity. It becomes hardened and less pliable to the extent that the internal muscles are unable to change lens thickness, or focussing power. Loss of accommodation actually starts early in life, but it does not become a problem until ages forty to fifty.

Hardening of the lens is the starting of presbyopia, the normal aging process of the eye. The eye no longer has the capability of seeing clearly at close range simply because the lens of the eye cannot be made to conform the thickness required for near vision. This is the condition of the eye of the patient who has difficulty reading the numbers in the telephone directory and threading a needle.

Many such patients are worried about their eyes, because of the universal fear of blindness. Let me stress that there is nothing to fear. Hardening lens is a normal process of aging, and no one goes blind with presbyopia.

The treatment of this condition usually is easy to deal with, but not always, Bifocal glasses are not great mystery, being actually two sets of lens in one frame. The two lenses—one for distance and one for close range—take the place of less elasticity.

If distant vision is normal without glasses, all that may be necessary is a pair of reading glasses. If distant vision requires glasses, the glasses must have additional strength for reading. The combination comprises what we know as bifocals.

People of forty often dislike to proclaim their age by the use of bifocals. The dictates of vanity, desire, and occupation often lead us to another solution for presbyopia. We have several choices other than bifocals — reading glasses only, two pairs of glasses, or no treatment at all if our visual desires are not great.

After the start of presbyopia, and as we grow older, the disability of the lens to mould itself progresses, and it is necessary for the glasses to be changed in strength from time to time.

To my millions of comrades caught in the inevitable process of aging, I should like to say, if you find that you are gradually having trouble threading your needle or reading the telephone directory, you probably have presbyopia. To see clearly for close work, you need glasses for close work only; two pairs of glasses, one for near and one for distant viewing; or bifocals.

Courtesy: HERALD OF HEALTH, July, 1966.

EYES OVER FORTY

1. **LATELY, I FIND MYSELF HOLDING THE NEWSPAPER AT ARM'S LENGTH. WHAT HAS HAPPENED TO MY EYES?** As we grow older, the lenses inside our eyes harden. When we reach our mid-forties, we can no longer focus on print held at the usual distance. When this happens, the doctor prescribes reading glasses or bifocals. "Aging Eyes" or "Presbyopia" is not a disease. It happens to all of us.

2. **I NEED MUCH STRONGER LIGHT THAN MY GRANDCHILDREN. DOES THAT HAPPEN TO EVERYBODY?** Yes, it does, as we get older. Old eyes just need more light than young ones. When you work or read, make sure you have enough light to be comfortable.

3. **I HAVE HEARD THAT OLDER PEOPLE MAY GET GLAUCOMA. WHAT SHOULD I KNOW ABOUT THIS DISEASE?** Glaucoma is a hardening of the eyeball. It may start slowly and without pain. An eye examination is the only way to find out if you have glaucoma. People who have this disease and follow doctor's orders faithfully can usually keep their eyesight. Without medical care, glaucoma may lead to blindness.

4. **SOME OF MY FRIENDS HAVE CATARACTS. CAN I DO SOMETHING SO THAT I WON'T GET THEM?** Just as with gray hair, we do not know what causes cataracts nor how to prevent them. We don't know why, but some people get them earlier than others. Some reach the stage where the doctor suggests an operation. Cataract operations are usually successfull. Afterwards—with special glasses—people see very well again.

5. **TO KEEP YOUR EYES SAFE:** See an eye doctor every other year. In between times, too,—if you feel that you need new glasses.

(Reproduced with permission of the New York State Commission for the Blind and Visually Handicapped, 15 Park Row, New York, New York, USA).

AVOID THE CALAMITY OF BLINDNESS

PREVPREVENTION AND CURE

THE BLIND BOY

1. O, say what is that thing called light,
Which I must ne're enjoy.

What are the blessings of the sight,
O, tell your poor blind boy.

2. You talk of wonders! things you see,
You say the sunshine bright,
I feel it warm, but how can HE
make it day or night.

3. Myself, my day or night I make,
where're I sleep or play.

And could I ever keep wake,
with me 't' were always day.

4. With heavy sighs I often hear,
you mourn my helpless woe,

But sure with patience I can bear,
A loss I ne're can know.

5. Then let not what. I cannot have,
My cheer of mind destroy.

Whilest, thus I sing, I am a king, But,
Although a poor blind boy.

THE BLIND GIRL

Oh! You who gave the stars their twinkle, the moon its glow,
To the sun all the attributes of light-also,
Jealous I am not—no not at all,
For what You have done:
Grant me just one wish a glimpse of my Mother.

People say the world is colourful,
Blue, Pink, Green and Yellow;
Oh! whatever it may be,
The world I do not wish to see;
Grant me must one wish a glimpse of my Mother.

The garden full of flowers in bloom,
Morning dew shines on leaves so blue.
My friends, with delight, sing of Spring
I do not wish all these sights for me;
Grant me just one wish a glimpse of my Mother.

What love is more than a Mother's live.
Whose very breath is to serve me so,
Who is she who loves in hope—for me
She who dies so as to live for me.
Grant me just one wish a glimpse of my Mother.

What must be the wonder of such a Mother,
When Paradise is under her feet what shall be her face.
What people say, if all is true,
Oh! then that is what I want to see;
Grant me just one wish a glimpse of my Mother.

I care not if I get not the light to see,
I care not if I am blind,
Jealous am I not of those who see,
Even You Oh Lord! I desire not to see;
Grant me just one wish a glimpse of my Mother.

SITI ZABEDAH

LONDON. Nov. 17, Eighteen-year old Malayan girl Tobacco worker Siti Zubedah from Kuala Lampur threw autumn leaves into the air in London on Wednesday and shouted for joy.

She could see again after three month's treatment at London's famed Moorfield's Eye Hospital under the guidance of specialist Dr. Frederick Ridley.

When Siti was ten, Malayan doctors found she was suffering from a rare eye disease which if not cured, would lead to total blindness. Her employers, the Malayan Tobacco Company, a subsidiary of the Anglo-American Tobacco Co. heard of her plight and raised the money for her to come to England to receive treatment. In three months she was cured.

Said Siti Zubedah: "When my sight came back, I could hardly believe it was true".

"Being able to see the trees. the birds and the people going by was so wonderful."

"I just don't know how to thank my employers. All I can do is to work as hard as possible when I get back."

A PRAYER

The prayer of a blind Chinese girl, aged eleven, who was deserted by her parents when she was four years old and brought up in an orphanage.

I remember when I was small. I used to live with my parents and I had a happy home. My parents loved me very much even if I did not know how to do anything, my mother would patiently explain it to me. She was never tired of teaching me, but when I lost my sight, they brought me here. From that day on, I have never heard from them.

I never think ill of them, for the teachers and sisters tell us that our parents left us here because they had been obliged by circumstances to do. Perhaps we might see them again some day, but will they even know how much I long to see them? Every night before going to bed, I pray that I might be able to see them again, though it was only in my dreams.

Dear Lord, I earnestly pray to you to grant me this grace, I am now living happily in school I do not have to worry about clothing and Food. I am taught by the most kind-hearted sisters and teachers, so I hope, dear Heavenly Father, will grant me grace that I may see my parents and may go home soon, so that I can tell them that I know how to sweep, to wash, and clean. As for cooking, I have also learnt a bit of it in the domestic Science lessons, so they will no longer think that to continue my schooling, I will do the same as my other blind school friends. I can enter the English Secondary School when I have finished in Primary 6. After that I will go to work, so that they will be proud of me.

Perhaps it is God's will that I have to be separated from my parents; no matter where they are living. **I FERVENTLY PRAY THAT YOU BLESS THEM AND LET THEM LIVE PEACEFULL AND HAPPILY.**

PLEASE REMEMBER TO TELL MY PEOPLE THAT THE LOSS OF ONES FAMILY IS GREATER AND MORE INTENSE SUFFERING THAN THE LOSS OF ONE'S SIGHT.

LIVE TO SEE . . .

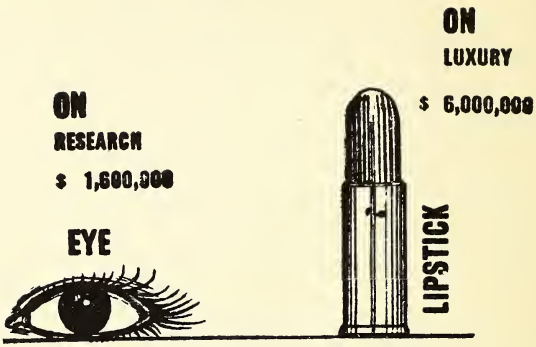
Eyes are the most precious gift that Allah has blessed us with. Without Eye-Sight life is a living hell. Besides the physical tortures of blindness, whole the concept of life is darkened, so much so, that a blind person curses himself for being blind. A blind mother languishes for a look of her children. A Blind boy or a girl yearns to see the faces of the parents and brother sisters. Marriage for the blind becomes a remote possibility. In short, life of the blind is one painful march from the living darkness of the world other dead darkness of the grave.

Can this blindness be prevented? Yes . . . but HOW? By a timely detection of Eye Ailments. For this an Eye DOCTOR must be consulted and that too PROMPTLY. CARELESSNESS will result in total BLINDNESS in MOST cases.

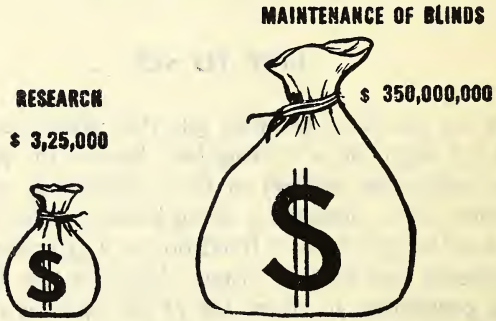
For Free Literature in Urdu, Bengali, Sindhi, Gujrati and English write to:

THE SOCIETY FOR THE PREVENTION AND CURE OF BLINDNESS
363, Sirajuddaula Road, Bahadurabad Housing Society, Karachi-5.

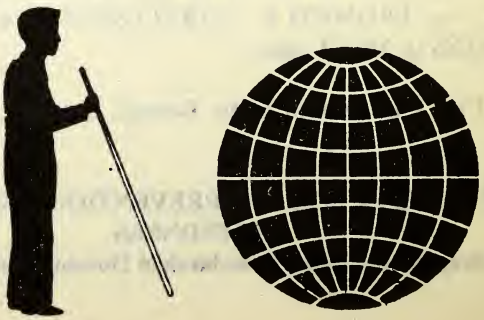
AMERICA SPENT
IN 1954

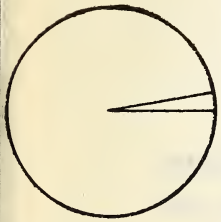


U.S.A. SPENT ON



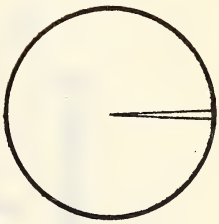
BLIND'S CONCEPTION OF THE WORLD.





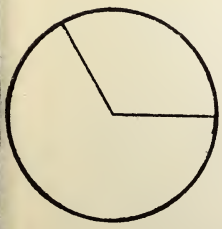
In England only 2½ %
is spent on research.

Compared with the expenses incurred on Rehabilitation of the BLINDS.

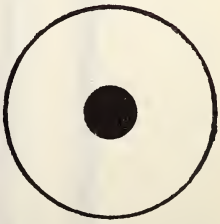


In America 1 %
is spent on research.

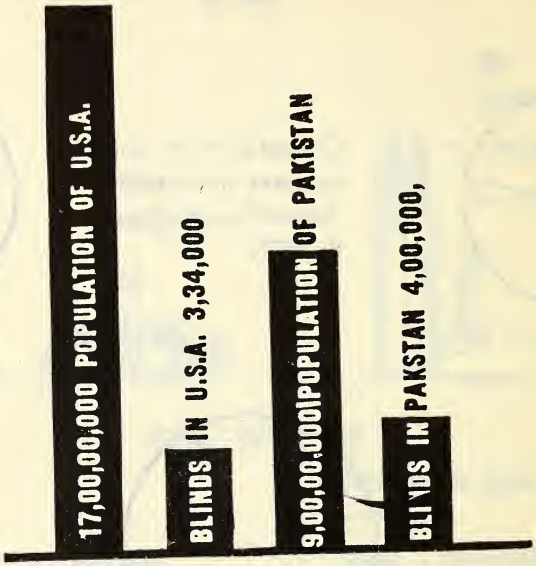
Yet two thirds of all this blindness is preventable



ndia 30% people lose sight
fore reaching the age of 21



In India the loss of Labour of 6000,000
young persons comes to
more than 24 million years.

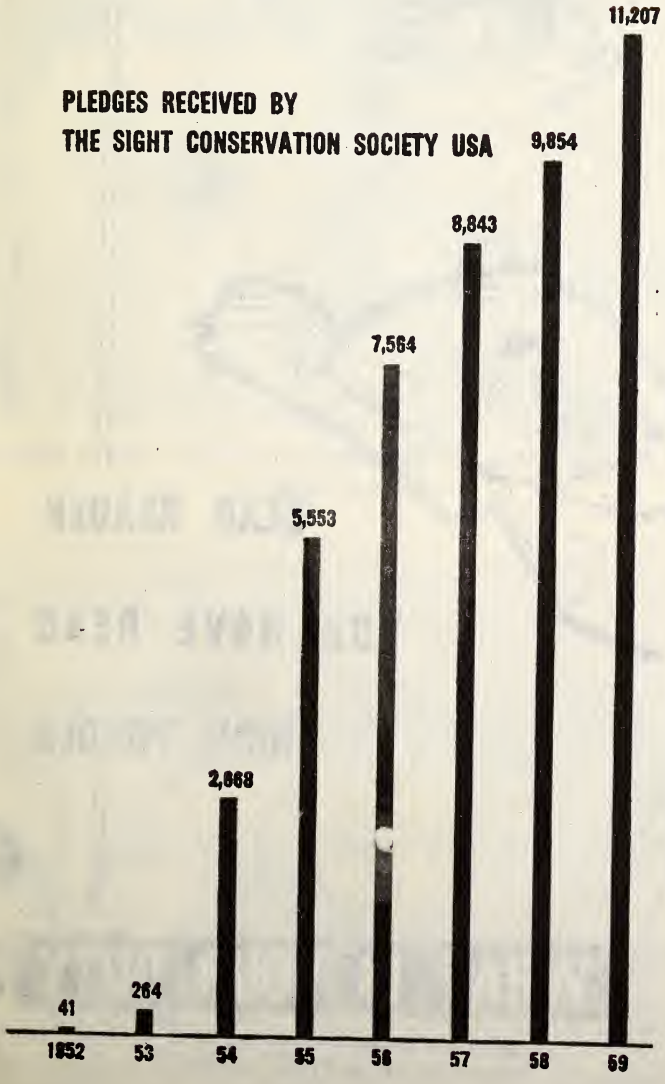


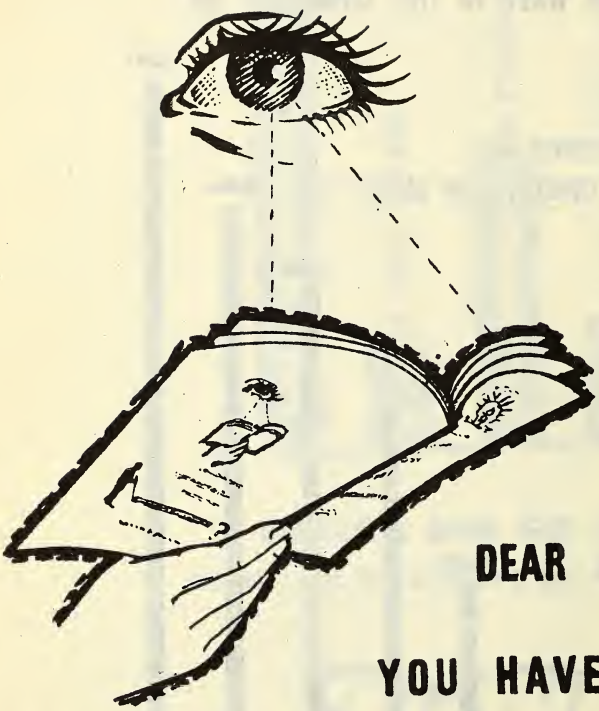
SPECTACLES GIVEN FREE BY

THE SOCIETY FOR THE PREVENTION & CURE OF BLINDNESS

250 in 1961
413 in 1962
372 in 1963
174 in 1964
723 in 1965
855 in 1966
748 in 1967

WHO WANT TO LIVE AFTER THEY DIE





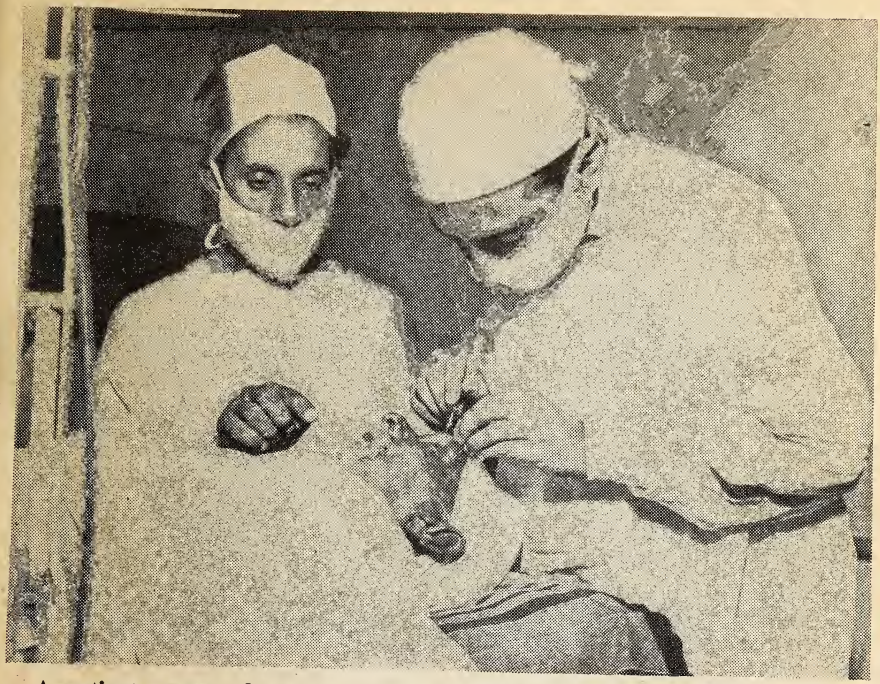
DEAR READER

YOU HAVE READ

NOW PONDER

WHAT IS YOUR DUTY ?

Printed at Javed Press, Karachi.



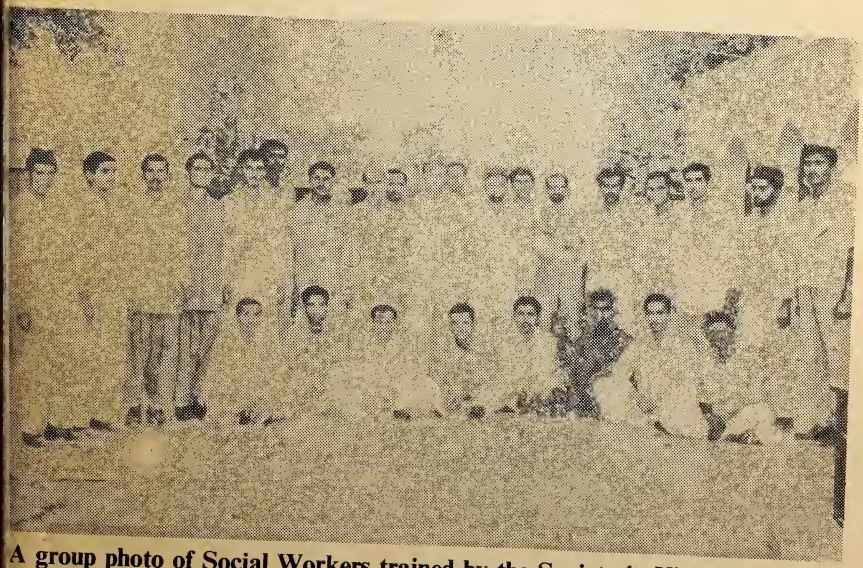
A patient at one of our Eye Camps being given Retrolenebar Injection before operation.

Nawabshah Social Workers with Dr. A. J. Kaswani, Principal, Govern-

At Mirpurkhas, Dr. Osman questioning our Representative on the Vision Chart

First Aid for Eyes—Training Session for Social Workers in progress at Mirpurkhas.

Dr. Ishaque Memon, Medical Superintendent, Civil Hospital, Khairpur, handling our First Aid Box to a Social Worker after training.

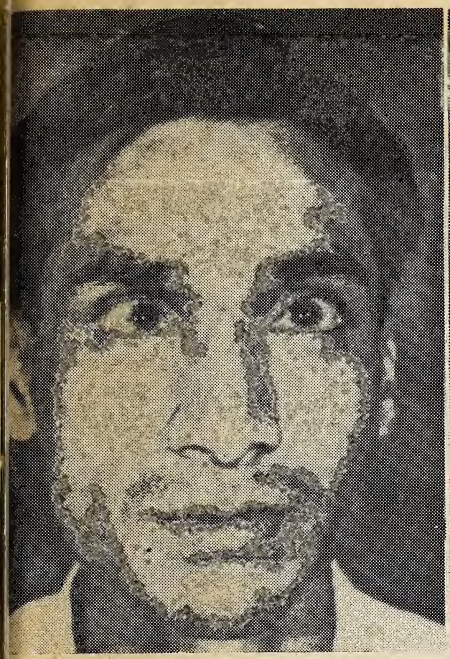


A group photo of Social Workers trained by the Society in Vision Testing and Eye First Aid with Dr. Ishaque Memon, Medical Superintendent, Civil Hospital, Khairpur.

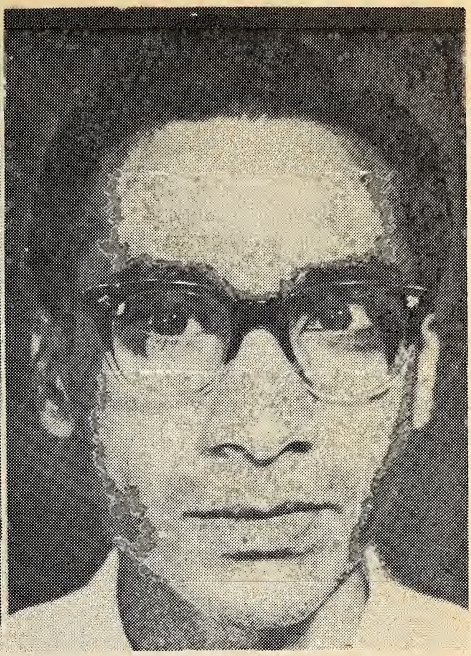
Left to Right: Mr. Saifuddin Paliwala, Dr. S. M. Yahya and Mr. Sami Quraishi, C.S.P., Deputy Commissioner being explained the Programmes of our Society by our representative.

School Clinic Spencer Eye Hospital, Karachi.

SQUINT CASE



Before

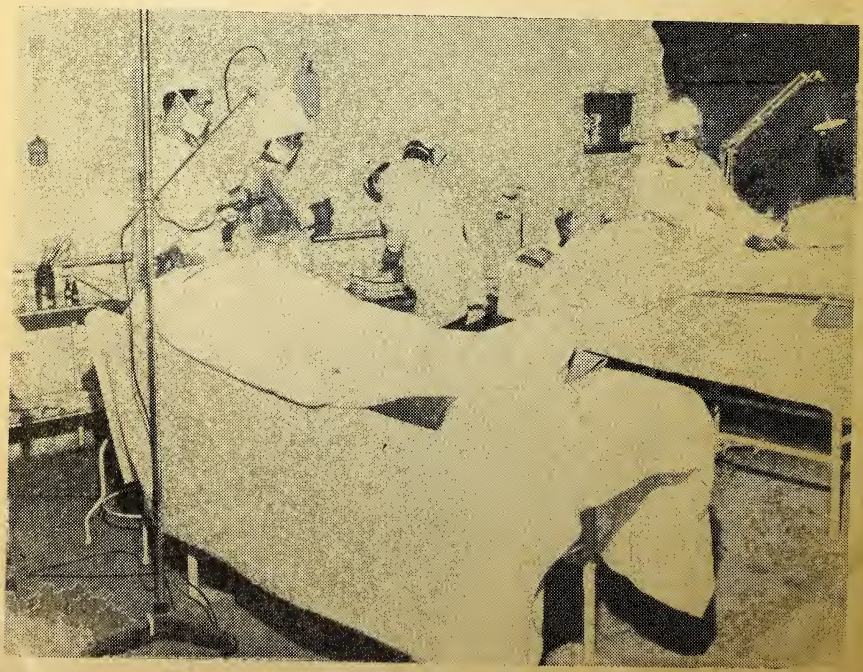


After

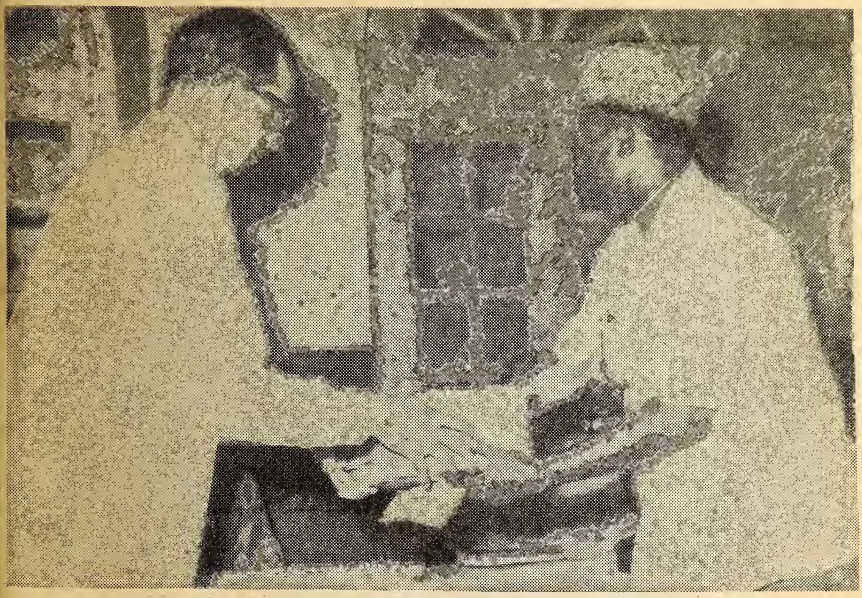
Before.

After

Eye operation



10th Eye Camp at Adult Blind Centre, Karachi.



First-Aid Boxes distribution at Nawabshah. Dr. Chaudhary, Medical Superintendent, presenting a box to one of the trained Social Workers.

O.P.D. Nawabshah Camp No. 8

Opening ceremony of 8th Eye Camp at Nawabshah by Deputy Commissioner, Nawabshah.

Stich opening at Nawabshah 8th Eye Camp.

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15. Haji Ghulam Abbas R. Thaver

ACTIVITIES

In order to achieve its aims, the Society for the Prevention and Cure of Blindness, has so far (30-6-1967) spent Rs. 3,73,778.36 on various activities including the following :

(1) Established 12 EYE CAMP HOSPITALS in rural areas. These Camps performed :

3680 Cataract Operations. 1127 Other Eye Operations.
Treated 11,608 Outdoor Eye Cases and 1105 General Cases.

Spent a total of Rs. 1,45,762.73.
District Authorities spent about Rs. 94,000/-.

(2) VISION TESTING of school children at their schools. So far treated 29,359 children since 1960 and Vision of 28,400 school children tested at their schools. The Society spent Rs, 40,377/- for this project.

(3) COLLECTED Statistics on the causes of Blindness from data compiled from the records at the Spencer's Eye Hospital, Karachi, for the period 1963-65 at an expenditure of Rs. 4,459/04. with the active co-operation of the ROYAL COMMONWEALTH SOCIETY FOR THE BLIND, LONDON.

(4) The Society started training of Teachers and Social workers in Vision Testing and Eye First Aid for urban and rural areas. Training in Eye First Aid is given only to those Social workers from rural areas where there is no Hospital or a dispensary. So far a total of 540 Teachers and Social Workers in the West Pakistan rural areas of Sukkur, Shikarpur, Dadu, Nawabshah, Larkhana, Mirpurkhas and Sanghar in the former province of Sind have been trained at an expenditure of Rs. 30,473.23 including the cost of First Aid Boxes with medicines and Vision Charts.

(5) PROPOSES to establish MOBILE EYE SERVICE for extending year-round Preventive Service to rural areas, where on account of non-availability of Medical treatment many people go blind. TWO-THIRDS OF THE BLINDNESS WHICH EXISTS, HAS BEEN ESTIMATED, RESULTS FROM CONDITIONS WHICH, IF THE NESESSARY MEASURES OF TREATMENT WERE AVAILABLE AT THE RIGHT TIME AND AT THE RIGHT PLACE COULD BE PREVENTED OR CURED. (Helen Keller).

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